

## **How should I care? Understanding the Front-Line Managerial Compassion Process**

### Author

Wang, Yunong

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# **Griffith Business School**

**Submitted in fulfilment of the requirements of the degree of**

**Doctor of Philosophy**

**by**

**Yunong Wang**

**May 2019**

# **How Should I Care? Understanding the Front-Line Managerial Compassion Process**

**Yunong Wang**

*Master of Human Resource Management with  
Honours*

**Department of Employment Relations and Human Resources  
Griffith Business School  
Griffith University**

**Submitted in fulfilment of the requirements of the degree of Doctor of  
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**May 2019**

Supervisors: Dr Sandra Lawrence

Dr Amie Shaw

Dr Wayne O'Donohue

## **Abstract**

This research explores front-line managerial (FLM) compassion capability. The fast-paced working environment with increased demands and limited resources have made the contemporary workplace an emotional arena for employees (Fineman, 2000). The accumulation of distressful emotions has been recognised as one of the influencing factors to employees' general wellbeing and commitment towards the organisation (Holtom, Mitchell, Lee, & Eberly, 2008). The concern of the accumulated distress in return highlights the importance of facilitating compassion in an organisation (Dutton, Frost, Worline, Lilius, & Kanov, 2002; Dutton, Lilius, & Kanov, 2007; Frost, 1999) because compassion has been recognised to have various benefits that specifically deals with individuals' emotional suffering at work (Dutton et al., 2007). This thesis defines FLM as managers who have supervisory responsibilities and have frequent interactions with their employees (Purcell & Hutchinson, 2007). Purcell and Hutchinson (2007) contend that managers who have been given opportunities to frequently interact with employees are considered as a lynchpin in organisations' daily operation. Such role makes FLMs the prime candidates to facilitate compassion during their interactions with employees and therefore they are selected as the focal actor to study compassion capability.

Organisational compassion scholars have explored areas of workplace spirituality (Petchsawang & Duchon, 2012), self-compassion and mindfulness (Raab, 2014) and organisation compassion capabilities (Madden, Duchon, Madden, & Plowman, 2012). However, the current organisational compassion literature has not obtained a clear understanding of how compassion interactions between two individuals in workplace unfolds and (Dutton, Workman, & Hardin, 2014; Kanov, Powley, & Walshe, 2016). The empirical explorations of organisational compassion have previously focused on what behaviours are considered as compassion in the workplace without much consideration of how the compassion actor notices suffering or how the compassion actor feels when encounter the suffering (Lilius et al., 2008; Lilius, Worline, Dutton, Kanov, & Maitlis, 2011). Therefore, this thesis aims to close the gap in the current organisational compassion literature and further explore FLMs' compassion capabilities (Dutton, Worline, Frost, & Lilius, 2006; Kanov et al., 2004).

This research is underpinned by a theoretical framework that is based on Dutton, Workman and Hardin's compassion process model (2014). The update of Dutton et al.'s (2014) model is done through incorporating theories from multiple disciplines including emotion

intelligence (Mayer, Caruso, & Salovey, 2016), coping and appraising (Lazarus & Folkman, 1984), taxonomy of emotions (Shaver, Schwartz, Kirson, & O'Connor, 1987), social support (Gleason & Iida, 2015) and non-verbal display theory (Bonaccio, O'Reilly, O'Sullivan, & Chiochio, 2016). The concept of suffering in this research is broadly defined as a form of incrementally accumulated emotional distress and is relevant to the organisation's daily operations.

The empirical exploration in this research is guided by the interpretivist philosophical paradigm and qualitative methodology. This research collects data from two participating organisations (Mantra Hotel Group and Gold Coast University Hospital) with a total of 28 participants (11 FLMs, 17 Employees). A semi-structured interview method is used to gather narratives and stories from the participants. Interviews are transcribed and analysed using NVivo to code the data and organise the codes into themes.

The findings of this study make numerous contributions to theory and practice. On a theoretical basis, this is the first study that closely explores the process view of compassion in the context of the FLM- employee dynamic. The findings of this research also expands the understanding of FLM's compassion process and found that when FLMs notice employees' suffering, they utilised their emotional intelligence capabilities to perceive and understand employees' emotions (Mayer et al., 2016). Further, FLMs' experienced emotions (love, sadness and anger) are primarily unpleasant and they utilise cognitive appraisals to cope with the experienced emotions during the compassion process. When responding to employees' suffering, FLMs' selected social support actions and non-verbal cues which influence the exemplification of compassion. Preceding compassion process literature has not yet recognised the importance of compassion focal actor's emotional intelligence and various other capabilities (Dutton et al., 2014). On an empirical basis, this research is one of the first to collect data from real life workplaces that provide empirical support to the conceptualisation of compassion process view. The findings can empirically support future studies such as quantitatively examining the correlations between FLMs' emotion-related abilities and their capabilities of responding in compassion. From a practical viewpoint, the findings from this research will aid organisation practitioners to reinforce training and development for FLMs to advance their emotion-related abilities (e.g., emotional intelligence, non-verbal communication & appraisal and coping) and therefore enhance their capabilities to interact with employees in a compassionate manner. This research provides a solid platform for future research in this emerging field of study.

## Statement of Originality

*This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.*

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Yunong Wang

May 2019

## **Acknowledgement**

I embarked on the journey of my PhD at the beginning of 2015, knowing that this is going to be an experience that filled with surprises, excitement, uncertainty and stress. The experience only a small group of people who have dedicated their four years of their lives would relate. When I was still on the journey, I looked forward to my career and my life after PhD, but only when I finished the final edits of this thesis, did I felt emotional wanting to looking back on the journey and relive some of the moments once again. The journey from commencement to here is both humbling and fulfilling. After four years of learning and development, there is still so much to learn. The completion of PhD degree is only the beginning of a new journey but in the last four years, I have been giving so much and I can barely comprehend just how lucky I am.

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# Chapter 1. Introduction

## 1.1 Background

The rapid pace of contemporary work environment calls for compassionate management (Peticca-Harris, 2019). Kaplan, Cortina, Ruark, LaPort, and Nicolaidis (2014, p. 563) acknowledged that an organisation is a place filled with an “emotional experience, a source of anger, distress, frustration, and embarrassment, but also a spring of pride, belongingness, fulfilment, and excitement”. Fineman (2000) also stated that “workday frustrations and passions – boredom, envy, fear, love, anger, guilt, infatuation, embarrassment, nostalgia, anxiety – are deeply woven into the way roles are enacted and learned, power is exercised, trust is held, commitment formed, and decisions made” (p.1). These complex work-related emotional responses contribute to employees’ ultimate emotional experiences at work. As a result, negative emotions such as emotional distress can have concerning effects when the experience is prolonged and managers do not assist employees by removing their workplace stressors or helping them to regulate their emotions (Jordan & Lindebaum, 2015; Kaplan, Cortina, Ruark, LaPort, & Nicolaidis, 2014; Troth, Jordan, Lawrence & Ashkanasy, 2014).

The accumulated distressful emotions often lead to severe, irreversible chronic damage to employees’ wellbeing and workplace performance because employees often do not have enough time or resources to recover from the distressful emotions (Nahrgang, Morgeson, & Hofmann, 2011). Thus, the accumulated emotional distress often results in poor decision-making, behavioural withdrawal, burnout, absenteeism, and ultimately leads to turnover (DeTienne, Agle, Phillips, & Ingerson, 2012; Schaufeli, Taris, & Van Rhenen, 2008). When managers who are capable of helping employees overcoming the accumulated distress but have limited skillsets to deal with employee accumulated emotional distress, destructive consequences can fester and linger (Townsend & Russell, 2013; Troth, Jordan, & Lawrence, 2012). Importantly, the appropriate provision of compassion has been shown to effectively alleviate distress in suffering individuals (Tracy & Huffman, 2016). However, there is little theoretical and empirical evidence about how and why FLMs provide compassion to their subordinates. Therefore, the need to advance the understanding of FLM’s compassion process is crucial because organisations need FLMs to better facilitate compassionate interactions with employees in the workplace, and at a wider level, create a compassionate organisational culture (Driver, 2007; Dutton et al., 2002; Nussbaum, 1996; G. a. Van Kleef et al., 2008). This thesis recognises the importance of compassion and therefore seeks to obtain a better understanding

of how to manage compassionately and facilitate compassionate interactions with employees in the workplace that ultimately endorses a compassionate workplace.

Compassion in organisations has various benefits to staff as well as to the overall organisation system (Dutton, Lilius, & Kanov, 2007). First, compassion contributes to the entrepreneurial/economic activities with social and financial purposes within organisations (Austin, Stevenson, & Wei-Skillern, 2006; Santos, 2012). Miller, Grimes, McMullen and Vogus (2012), for instance, found that compassionate interactions can increase organisational integrative thinking, inducing prosocial cost-benefit analysis and alleviating negative behaviours between individuals. Second, compassion in the workplace reminds individuals of their interdependence, and their ability to rely on each other to go through difficult times (Dutton et al., 2007). It is these attitudes that then strengthen shared values and beliefs in the organisation. Third, compassion in organisations generates relational resources, shared values and beliefs and critical interpersonal skills, which in combination, increase individuals' capability for cooperation and further enhance organisational collective capabilities (Dutton et al., 2007). (Dutton et al., 2007).

The need to understand compassion in organisations, along with the positive influences of compassion in organisations, suggests that organisational compassion has a promising future as an independent field of study (Frost, 2003; Lilius, Worline, Dutton, Kanov, & Maitlis, 2011; Lilius et al., 2008; Schmidt, Roesler, Kusserow, & Rau, 2012). In response to the demand and apparent benefits of having compassion-induced organisational practices, scholars have been drawing upon compassion theory and empirical evidence from other discipline fields (Dutton et al., 2007; Madden et al., 2012). For instance, the concept of compassion has been extensively discussed in areas including medical care (Coetzee & Klopper, 2010; Graber & Mitcham, 2004), religion (Batson, Floyd, Meyer, & Winner, 1999; Coleman, 1999; Steffen & Masters, 2005), sociology (Gallagher, 2015; Nussbaum, 1996), social psychology (Hall, Shucksmith, & Russell, 2013; Seppala, Rossomando, & Doty, 2008), and psychiatry (Figley, 2002; Gilbert, 2005). As the leading force of organisational compassion research, Frost (1999) drew upon a personal experience in which he witnessed a nurse showing compassion to a patient who was struggling with the recovery process from his cancer surgery. It was this act of compassion that inspired Frost, and he went on to discuss the influential power of compassion in organisations (Frost, 1999). This thesis adds value to the current f organisational compassion literature and seeks to explore and understand compassion at the interpersonal level in order to operationalise compassion in organisational practices.

## **1.2 The Need for Studying Front-line Managerial Compassion**

Studying compassion at the interpersonal level can highlight the details of individuals' effort to show sentiment towards the suffering others during interpersonal interactions and can add to the understanding of compassion at the collective level (Dutton et al., 2007; Goetz, Keltner, & Simon-Thomas, 2010). Dutton et al. (2007) argued that studying compassion in organisations allow scholars to be able to see the impact of interpersonal interactions on system-wide effects. However, the emotionality inherent in all aspects of the compassion process for the focal actor, as well as the inputs and outputs from the focal sufferer, has been a missing concept in previous organisational studies (Goetz et al., 2010). Emotional experiences in workplaces form a large proportion of employees' sense of organisational life (Fineman, 2000) and the lack of understanding about the influences of compassion on employees' emotions, thoughts, and behaviours may obscure how important the role compassion can play in organisations. Previous compassion studies have primarily focused on the overarching ideas of approaching compassion from the individual, interpersonal, and collective levels (Frost et al., 2006), but paid little attention to the fact that compassion primarily involves an interpersonal communication interaction. Therefore, the explorations in this thesis focus on the nuances in the FLM's compassion process and seek to extract meaning and clarifications from real-life interactions between FLMs and employees in order to enrich the understanding.

## **1.3 Proposed Framework of the Frontline Managerial Compassion Process**

To explore and obtain an in-depth understanding of the frontline managerial compassion interaction process, an FLM compassion process framework is constructed based on Dutton et al.'s (2014) compassion process model. In addition, the proposed framework integrates ideas from the following literature sources, emotional intelligence (Mayer, Caruso, & Salovey, 2016), emotion prototypes (Shaver, Schwartz, Kirson, & O'Connor, 1987), appraisal and coping (Ellsworth, 2013; Lazarus & Folkman, 1984), emotion regulation (Niven, Totterdell, Holman, & Headley, 2012; Zaki & Williams, 2013), non-verbal communication (Bonaccio, O'Reilly, O'Sullivan, & Chiochio, 2016), and social support (Sheldon. Cohen & Wills, 1985; Gleason & Iida, 2015; House, Umberson, & Landis, 1988). Through incorporating theories and concepts from this literature into the proposed framework, the aim of this thesis is to develop a theory-driven, well-conceptualised frontline managerial compassion interaction framework that is also supported by empirical data. Five research questions (as presented below) are developed to direct the inquiry.

*RQ1. How do FLMs notice their employees' suffering?*

*RQ2. How do FLMs appraise interaction characteristics when they encounter employee suffering?*

*RQ3. What emotions do FLMs feel when they encounter employee suffering?*

*RQ4. How do FLMs exemplify compassion?*

*RQ5. What contextual factors influence the FLM compassion process?*

#### **1.4 The Inquiry in This Thesis**

The philosophical approach of this thesis is under the category of interpretivism (Guba & Lincoln, 2005). Interpretivists researchers denote that there are multiple, constructed realities, while the epistemology indicates that the observer and the observed are inseparable (Denzin & Yvonna, 2005; Guba & Lincoln, 1994). Further, they believe that the inquiry is value-bound, and it is impossible to distinguish the researchers and the phenomena (Teddlie & Tashakkori, 2009). Interpretivist researchers also believe that time- and context-free generalisations are impossible, and there is an emphasis on using inductive reasoning (Schwandt, 1998).

Due to the interpretive philosophical beliefs, the inquiry in this thesis is designed in a qualitative methodology and adopts a case study method to investigate FLMs' compassion interaction process with employees (Baxter & Jack, 2008). In order to gather sufficient information to clarify and support the proposed theoretical model, semi-structured interviews will be used as the data collection method (Yin, 2011). The interview method utilised in this thesis was based upon Frost et al.'s (2006) narrative view of compassion in organisations, which is considered the most appropriate approach to understanding organisational compassion. Nvivo 12 is employed to organise and analyse the collected data as it is a conventional content analysis method is adopted to sort the data into relevant codes and substantive categories to answer each of the research questions (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). The analytical process followed the steps of reading- coding-analysing (Hsieh & Shannon, 2005).

#### **1.5 Expected Theoretical and Practical Contributions**

The proposed frontline managerial compassion process framework addresses the gap where the concepts in the proceeding compassion literature have tended to be ambiguously defined. The proposed framework provides a detail description and explanation of the underlying theories

in each component of the compassion process. Importantly, the model draws on sociology (Clark, 1997; Nussbaum, 1996) and social psychological theory of appraisal (Smith & Ellsworth, 1985; Smith & Lazarus, 1993) to add to FLM's cognitive appraisals in the process. Third, the way that 'compassionate action' is theorised in the proposed model incorporates both non-verbal communication (Bonaccio, O'Reilly, O'Sullivan, & Chiochio, 2016; Ekman & Friesen, 1981; Elfenbein, 2013) and social support theories (Sheldon. Cohen & Wills, 1985; Feeney & Collins, 2014). This is the first framework that incorporates FLMs' non-verbal communications in their responses to employees' suffering, which reinforces that FLM's compassionate response can be influenced by the way they deliver their social support actions (Burgoon, 2011).

Empirically, the designed qualitative study provides an in-depth understanding of compassion interaction in reality. The findings from the interviews can support the theoretical propositions in the proposed framework and further clarify the conceptualisations of the subcomponents in the proposed compassion process framework that include noticing, first appraisal, second appraisal, emotional experience and compassionate actions (for a review see Dutton et al., 2014). The narratives of FLMs and employees from the participating organisations can also expand on the current understanding of FLM's compassion process and opens opportunities for future studies.

In terms of the practical contribution, the proposed model and associated empirical evidence are anticipated to clearly illustrate the process of compassionate interactions between FLMs and their employees. With guidance from the research findings, FLMs can operationalise these compassionate action practices by flexibly selecting those well-defined compassionate actions that are found to effectively regulate employee suffering. Organisations can also provide FLMs with an enhanced compassion skill set by utilising targeted training around emotion recognition skills, communication skills, and interpersonal influence skills.

## **1.6 Thesis Overview**

This thesis comprises seven chapters, as outlined below:

Chapter 1 prefaces the thesis by discussing the benefits of becoming a compassionate organisation and the need to study managerial compassion in the workplace. The aim and purpose of this thesis was predominately inspired by the call of positive organisational scholarship in terms of needing more attention regarding studying organisational compassion, which can be dated back to early 2000 (K. S. Cameron & Caza, 2004; Dutton et al., 2002; Frost,

1999). The chapter briefly outlines the main purpose and scope of this thesis. Chapter 1 also enlists the expected theoretical, empirical and practical contribution of this thesis.

Chapter 2 presents a critical review of the proceeding organisational compassion literature. The literature review starts by addressing the background and theoretical premises of this thesis in relation to the field of positive organisational scholarship (K. S. Cameron, Dutton, & Quinn, 2009). After presenting a brief review of positive organisational scholarship (K. S. Cameron et al., 2009), the chapter then provides an overview of different genres of organisational compassion study (Duffy, Avalos, & Dowling, 2015; Raab, 2014; Seppala, Hutcherson, Nguyen, Doty, & Gross, 2014). The discussion contends the need to study compassion at the interpersonal level, which has been widely recognised as the process view of compassion in the workplace (Kanov et al., 2004). The discussion then leads to an examination of the established compassion process framework (Kanov et al., 2004; Miller, 2007; Way & Tracy, 2012; Atkins & Parker, 2012). Each process component is critically evaluated, five research questions of this thesis are developed to guide the inquiries of understanding FLM's compassion process. Chapter 2 is concluded in a brief summary with the list of five research questions.

Chapter 3 presents the proposed front-line managerial compassion model in a chronological manner, as the compassion interaction process unfolds. The proposed framework uses Dutton et al.'s (2014) compassion process model as the foundation work and incorporated literature from other disciplines such as emotion intelligence (Mayer et al., 2016), emotion prototypes (Shaver et al., 1987), appraisal and coping (Ellsworth, 2013; R. S. Lazarus & Folkman, 1984), emotion regulation (Niven, Totterdell, Holman, & Headley, 2012; Zaki & Williams, 2013), non-verbal communication (Bonaccio et al., 2016) and social support (Sheldon. Cohen & Wills, 1985; Gleason & Iida, 2015; House, Umberson, & Landis, 1988). After the discussion of each subcomponent, a proposition is presented.

Chapter 4 provides an overview of the interpretivist philosophical paradigm and justifications for the selected data collection and data analysis methods (Creswell, 2013; Greene, 2008; Johnson & Onwuegbuzie, 2004; Teddlie & Tashakkori, 2009). Case study method will be used to guide the inquiry and semi-structured interviews are going to be undertaken with employees and FLM from two participating organisations, the Mantra Hotel Group and Gold Coast University Hospital. In addition, a purposive sampling method was used to select the individual participants. A hybrid approach to content analysis will be used to analyse the collected data. At the end of Chapter 4, a brief discussion of the limitation of the methodology will be presented.

Chapter 5 outlines the results from the interviews, based on a content analysis related to each of the five research questions. In general, the results from Mantra Hotel Group is presented first, followed by the results from Gold Coast University Hospital. Results from both organisations are presented in the sequence of the research questions. These include, 1. FLMs noticing employees' suffering, 2. FLMs' appraisals of the interaction characteristics when encounter employee suffering, 3. FLM's experienced emotions during compassion interaction, 4. Non-verbal cues and social support action that influence FLM's exemplification of compassion, 5. The influencing contextual factors are presented. Chapter 5 ends with a summary that utilises several Appendix that combine results from both organisations.

Chapter 6 provides a discussion of the findings with reference to the five research questions (as noted above). The discussion is extended with a cross comparison of the Gold Coast University Hospital and the Mantra Hotel Group. Chapter 6 ends with a brief summary that concludes all the findings from the interviews and the implications of the findings.

Chapter 7 starts with an overview of the thesis. The contribution of this thesis is presented, followed by the future research direction. The methodological limitations of this thesis are discussed afterwards. Chapter 7 concludes with a brief summary of the chapter.

## **Chapter 2. Literature Review**

### **2.1 Introduction**

This chapter presents a review on proceeding organisational compassion literature. Organisational compassion study is under the banner of Positive Organisational Scholarship (Dutton & Glynn, 2007). Predominate definitions of compassion in organisations derived from the sociological origins of compassion (C. Clark, 1997; Goetz et al., 2010; Nussbaum, 1996). Several genres of organisational compassion that have been explored by organisation researchers include compassion fatigue (Figley, 1995) and compassion towards patients (Coetzee & Klopper, 2010; Jenkins & Warren, 2012; Yoder, 2010), workplace spirituality (Milliman, Gatling, & Kim, 2018), organisational compassion capability (Madden et al., 2012) and compassion at the interpersonal level between workers (Lilius et al., 2011).

This chapter identifies the need of studying compassion at the interpersonal level because studying compassion on an interpersonal level allows researchers to study this phenomenon closely and can potentially add the understanding of compassion at the collective level. In particular, exploring FLM's compassion process when encounter employee's suffering not only contributes to the understanding of compassion at interpersonal level, but also yields practical implications for FLMs to operationalise compassion through daily interactions with employees and cultivate a compassionate environment. However, after review Dutton et al.'s (2014) compassion process model, it is argued that the compassion focal actor's subcomponents require further clarification in order to help the exploration of FLM's compassion process.

### **2.2 Positive Organisational Scholarship**

The theoretical premises of this thesis is located within positive organisational scholarship (POS) (Dutton & Glynn, 2007). POS is a broad framework that seeks to explain positive-focused behaviours in organisations on the individual, group and collective levels (Dutton & Glynn, 2007). It primarily focuses on the dynamics leading to exceptional individual and organisational performance, such as developing human strength, producing resilience and restoration, and fostering vitality (K. S. Cameron & Caza, 2004; Caza & Caza, 2008). POS not only concerns conditions that foster flourishing at the individual level, but also group-, and organisational-level flourishing (Dutton & Glynn, 2007). Flourishing at the individual level may be indicated by generativity, growth, thriving or resilience. On a collective level,

flourishing may be indicated by creativity, innovation, growth, resilience, or any other state or conditions that indicate that a collective is operating at a healthy optimal state (Fredrickson & Losada, 2005). In short, the concept of flourishing is central to POS, which essentially directs the inquiries of POS in the last two decades (Chan, 2018).

Prior to the endorsement of POS, the traditional organisational approach was predominantly based on a deficit model of organisations in which problems are identified and corrected (Caza & Caza, 2008). POS, therefore, shifted the paradigm of organisational studies from negative-avoidance to positive-reinforcement (Caza & Caza, 2008; Chan, 2018). Caza and Caza (2008) contended that ‘understanding and correcting poor outcomes in organizations is important, but the overwhelming focus on these issues may deflect attention from more positive outcomes’ (p.25). Indeed, POS does not ignore the negative states in organisational conditions but rather seeks to complement the tendency to overweight the negative relative to the positive in the existing literature (Dutton & Glynn, 2007), and draw attention to hitherto invisible phenomena (K. S. Cameron & Caza, 2004; Caza & Caza, 2008).

Over the years, POS has been interchangeably used with terms such as positive organisational behaviour (POB) and positive organisational psychology (POP) (Donaldson & Ko, 2010). Through a systematic literature review, Donaldson and Ko (2010) concluded that studies that fall into POB primarily concerns the application of positively-oriented human resource strengths and psychological capacities for improving performance in the workplace. POP, on the other hand, despite the insufficient definitions, concerns the positive subjective experience, positive individual traits, and positive institutions (Donaldson & Ko, 2010; Seligman & Csikszentmihalyi, 2000). However, despite the distinctions between the three genres of study, all three terms were used interchangeably in literature and studies from 2001-2009 (Donaldson & Ko, 2010). It was quite difficult to explicitly pin-point whether examining and investigating the certain phenomenon in and of organisations is considered as POS, POB or POP. For simplicity, the term POS will be used loosely to define the area of study that is inclusive of all aforementioned genres (POS, POP & POB).

### **2.3 Compassion in Organisation**

In line with a number of prominent researchers (Cameron & Caza, 2004; Clegg and Pitsis, 2014a; *Donaldson and Ko, 2010*), it is argued that the phenomenon of compassion in organisations, and particularly, interpersonal compassion in organisations, is an important topic situated within the field of positive organisational studies. The contribution of compassion

towards the flourishing of the organisation is undisputed (Fredrickson & Losada, 2005; Madden et al., 2012). Specifically, Dutton, Lilius and Kanov (2007) indicate that compassionate dealings between staff, particularly in times of crisis, lead to increase in employee commitment, organisational citizenship behaviours, co-worker relations, pro-social behaviours, and reduce costly staff absenteeism and turnover. Lilius et al.'s (2008) empirical study found a positive relationship between employees' experienced and their experienced positive emotions, which in turn influenced their being affected here....actor or target or both] affective organisational commitment. Moreover, it has also been argued that employees who receive, witness, or participate in compassion, tend to make sense of instances of compassion by reshaping understanding of themselves, colleagues and the organisation (Donaldson & Ko, 2010).

However, despite the positive reception by some POS researchers of the phenomenon of compassion in organisations, others have raised criticisms and particularly, the need for more empirical evidence demonstrating its value. Simpson, Clegg and Pitsis (2014b) argue that organisational compassion studies have not been incorporated into the construct of positive psychological capital due to insufficient evidence that it can be 'measured' and 'developed' through organisational interventions with performance impact (p.474). Cameron and Caza (2004) criticised that organisational compassion, like 'most scholarly work in POS, has been conceptual and definitional rather than empirical, except for occasional qualitative analysis of single organisations' (p.733). It is also argued (as outlined in the next chapter), that the conceptualisation of interpersonal compassion as defined to date, lacks theoretically sound underpinnings with regards to emotions theory. It is this lack of reference to highly relevant pre-existing theory that makes it all the more harder to empirically examine and quantify. Therefore, to move organisational interpersonal compassion research forward, the researcher seeks to contribute to the body of work in two ways in this thesis, to build on the conceptual foundations of interpersonal compassion in the workplace and to contribute empirical evidence to support the conceptualisations developed.

### **2.3.1 Etymological meaning of compassion.**

To understand how compassion is defined currently in the literature, it is necessary to explore the etymology of compassion. The word *compassion* stems from the late Latin word *compati* (Oxford English Dictionary, 2010). *Com-* means with and *-pati* means to suffer or to feel pity (Oxford English Dictionary, 2010). Prior to Victorian times, the most direct English translation of the Greek words *ἔλεος* (*eleos*) and *οἶκτος* (*oiktos*) was *compassion*. *ἔλεος* (*eleos*) and *οἶκτος*

(*oiktos*) designated shared emotional distress at someone's misfortune (Alford, 1993; Nussbaum, 1996; Prauscello, 2010).

The reason for providing an etymological introduction of compassion is three-fold. Firstly, a lot of contemporary understanding of compassion derives from its sociological roots. Thus, using an etymological introduction to the concept give the discussion in later chapters a strong foundation. Despite the influences of organisational context, the concept of compassion in the workplaces derives from earlier sociological discussions on virtue (Nussbaum, 1996). Thus, an etymological introduction could help clarify the roots of this concept and thus clarify the parameters of the discussion in later chapters. Secondly, compassion has been interchangeably used with empathy, sympathy and pity across various study disciplines such as sociology and social psychology (Blowers, 2010; Clark, 2010; Gerdes, 2011). In social work theory and practice, empathy and sympathy are often used “without detailed guidance about how to effectively identify, develop, use, and teach” (Gerdes, 2011, p. 231). Thus, to achieve a nuanced understanding of compassion, it is necessary to understand the distinctions between compassion and empathy, sympathy and pity.

An etymological comparison of the words: compassion, empathy, sympathy and pity, therefore, is beneficial to the distinctions. Lastly, the etymological introduction of compassion could help illuminate the changes and developments in the concept of compassion. After reaching a clear understanding of the etymological definition of compassion, I will focus on outlining the literature which defines compassion is an organisational context (commonly known as organisational compassion) (Atkins & Parker, 2012; Kanov et al., 2004; Miller, 2007; Way & Tracy, 2012).

### **2.3.2 The Etymological Comparison of Pity, Empathy, Sympathy and Compassion.**

The contemporary popular concept of compassion is regarded as a distressing emotion which is primarily derived from the historical definition of ‘pity’. The word pity comes from the Latin *pietas* and emerged as a concept in the late 13th century to describe a feeling of tenderness for someone who was suffering or had experienced misfortune (Gerdes, 2011, p. 231). In many ways, the words pity, and compassion have almost identical meanings. From the Victorian period onwards, the meaning of the word pity often appears in a context that emphasises the superiority of the pitier and the dissimilarity between the pitier and the unfortunate (Cartwright, 1988; Nussbaum, 1996; Carr, 1999; Frazer, 2006; Blowers, 2010). In Greek dramas, the objects

of pity are heroes, kings, and noble individuals who are often perceived as innocent and blameless, and their struggles are the result of human error or flaws (Gerdes, 2011).

The word “sympathy” derives from the Greek word *sympathies* (syn – together, pathos – feeling), which initially referred to the ability to *feel with* another’s emotion (Lanzoni, 2009). The current conceptualisation of sympathy, derived from social and development psychology, is more straightforward and refers to the feeling of sorrow or concern for someone based on the other’s negative emotional states or conditions (Clark, 2010; Gerdes, 2011; Wispé, 1986). In contrast, the word “empathy” emerged only at the beginning of the 20<sup>th</sup> century (Wispé, 1986) from medical and social science literature (Batson, Fultz, & Schoenrade, 1987; Clark, 1981; Decety, 2011; Irving & Dickson, 2004). The word *empathy* initially meant the intention to perceive and understand someone’s feelings and emotions with the minimum distinction between self and others (Clark, 1981; Decety, 2011). The meaning of empathy evolved to describe a physiological experience as well as cognitive processing of those feelings in relation to someone else, which differentiates it from self-oriented emotional distress (Batson, Fultz, & Schoenrade, 1987; Clark, 2010; Eisenberg, 1988).

Common to all these concepts is that they are considered interpersonal emotions (Randall & Schoebi, 2018). That is, person A (an actor) feels emotions (and has co-occurring cognitions) in relation to another (a target). Compared to the definition of pity, sympathy and empathy are more related to the contemporary meaning of compassion. The current, most commonly accepted definition of compassion refers to emotionally-motivated altruistic actions which seek to alleviate the witnessed sufferings in another (or others) (Nancy Eisenberg, 2010; Gallagher, 2015; Keltner, 1995). The altruistic action or behaviour is motivated by factors other than egoistic or pragmatic concerns towards the target person (Nancy Eisenberg, 2010). Goetz et al. (2010) contend that, despite the many overlaps between compassion, empathy and sympathy, the clear implication is that the state of compassion should be associated with the expressive behaviours and actions, physiological responses, and underlying appraisals of the state it is mirroring, most likely distress, pain, sadness, or fear. This definition is important as the concept of organisational compassion in this thesis is aligned with this contention, where being compassionate in workplace encompasses altruistic concerns for the sufferer and followed by the expressive behaviours and actions that address the concern (c.f. Dutton, Workman, & Hardin, 2014).

## 2.4 Organisational Compassion

Before proceeding in detail to the model of organisational compassion that this thesis intends to explore, the following paragraphs are going to briefly review several genres that current organisational compassion studies have explored. Frost (1999) was one of the first scholars who called for attention to organisational compassion. He challenged the traditional perspective of viewing organisations as simplified, purely rational calculated systems that quantify employees' wellbeing and quality of life. He argued instead that it is valuable to investigate compassion in organisations and its antecedents because if there is 'pain and suffering in the leading process, then something is going on that needs to be understood' (Frost, 1999, p. 130). Following the banner of POS (for a review see: K. S. Cameron, Dutton, & Quinn, 2009), Frost (2006) later argued that compassion not only reveals the positive, deep nature of human beings but also releases generative forces that expands resources and create new insights for organisations (Dutton & Workman, 2011; Dutton et al., 2006). As a way of linking historical traditions of compassion to current scholarly work, Frost proposed that organisational scholars can specifically examine organisational compassion through three theoretical lenses (interpersonal work, narrative, organising) (see Figure 1).

	<b>Compassion as organising</b>	<b>Compassion as narrative</b>	<b>Compassion as interpersonal work</b>
Description of the lens	Compassion becomes a collective accomplishment through processes that create, maintain, and dissolve social units.	Compassion is carried in language and stories in ways that help people make sense of pain and make meaning of their experiences at work.	Compassion is a form of everyday interpersonal interactions that takes places in organisations.
Core assumptions of this lens	<ul style="list-style-type: none"> <li>- Different processes in organisations enable people to notice, feel and respond to pain</li> <li>- Features of the organisational context facilitate or hinder noticing, feeling, and responding to pain</li> <li>- Agentic activity by proactive individuals can</li> </ul>	<ul style="list-style-type: none"> <li>- Compassion narratives reflect the hidden reality of pain in organisations</li> <li>- Compassion narratives help constitute the human response to pain</li> <li>- The narrative is powerful windows into the construction of individual and collective identities</li> </ul>	<ul style="list-style-type: none"> <li>- Interpersonal work requires skill and competence</li> <li>- Interpersonal work is consequential and productive</li> </ul>

	amplify the collective response to pain		
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*Figure 2.1. Adapted from Frost et al. (2006, p. 847)*

Only partially adopting this mantle, organisational researchers have explored compassion in five genres: self-compassion (e.g., Zessin, Dickhäuser, & Garbade, 2015)); compassion fatigue and interpersonal compassion towards patients (e.g., Figley, 1995); compassion and workplace spirituality (e.g., Opdebeeck & Habisch, 2011); and compassion at the organisational-level (e.g., Kanov et al., 2004). The fifth genre – co-worker compassion at the interpersonal level (Dutton et al., 2014; Kanov et al., 2014; Lilius et al. 2011) – is the genre most closely aligned with the approach adopted in this thesis.

#### **2.4.1 Self-Compassion.**

Self-compassion, compassion towards oneself, is also known as compassion oriented practice (Neff et al., 2018; Orellana-Rios et al., 2017; Zessin, Dickhauser, & Garbade, 2015). Self-compassion researchers often regard compassion as a form of self-love, which is proposed as a healthy way of relating to oneself in times of suffering, whether suffering is caused by the failure, perceived inadequacy, or general life difficulties (Neff et al., 2018). Orellana-Rios et al. (2017) recently conducted a mix-method evaluation on mindfulness and compassion-oriented practices for palliative care teams, the results of which showed significant improvements in individuals' anxiety, stress levels and two emotional regulation competences, and joy at work. In addition, the qualitative data revealed a perceived enhancement of staff members' self-care, the integration of mindful pauses in work routines, a reduction in rumination and distress generated in patient contact, as well as an enhancement of interpersonal connection skills (Orellana-Rios et al., 2017).

Another stream of research that is closely associated with this genre is mindfulness practice and meditation (Hinderer et al., 2014; Seppala et al., 2014). The primary aim of mindfulness practice is to learn to be aware and observe negative thoughts and feelings in the present moment without directly interfering with those experiences, and dealing with the discomfort by means of acceptance and compassion towards oneself (Hülshager, Alberts, Feinholdt, & Lang, 2013; Orellana-Rios et al., 2017). Mindfulness practice is considered to be a form of meditation, as the latter involves manipulating one's state of mind (Tang, Hölzel, & Posner, 2015). The relationship between mindfulness and self-compassion is explored

primarily in the health care literature, with the intention of emphasising these forms of emotional regulation strategies as beneficial for reducing stress in health care workers and providing compassionate patient care (Raab, 2014; Seppala et al., 2014).

#### **2.4.2 Compassion Fatigue and Compassion Towards Patients.**

As previously mentioned, the compassion giver can potentially experience a feeling of deep sorrow for another who is stricken by suffering or misfortune, instead of, or in addition to, feelings of empathy. It is these feelings of distress, combined with the level of energy needed in compassion practiced and the need to provide compassion over a prolonged period of time (Potter et al., 2010), that leads to the phenomenon of compassion fatigue, i.e., where compassionate individuals, or individuals who are required to show compassion to others, become burnout and emotionally exhausted (Figley, 1995). Symptoms include the overwhelming sustained sense of exhaustion, decreased capacity for physical and mental work (Jenkins & Warren, 2012), a reduced capacity or interest in tolerating the suffering of others (Figley, 1995, 2002). Research in this genre has found that compassion fatigue towards customers/clients is more prominent in health care professions (e.g., medicine, psychology, social work) than other occupations such as customer service in the restaurant industry and educators in special education. (Donahoo, Siegrist, & Garrett-wright, 2018; Duffy et al., 2015; Figley, 2002; O'Mahony, Gerhart, Grosse, Abrams, & Levy, 2016; Peticca-Harris, 2019), and particularly for nurses (Coetzee & Klopper, 2010; Jenkins & Warren, 2012; Yoder, 2010) when providing care for their patients.

#### **2.4.3 Compassion and Workplace Spirituality.**

Another genre of organisational compassion research is workplace spirituality. Spirituality in the workplace has been loosely defined as a search for meaning, deeper self-knowledge or transcendence to a higher level (Dehler & Welsh, 1994; Petchsawang & Duchon, 2009). Milliman, Gatling and Kim (2018) argue that 'a key theme of the literature on workplace spirituality is that people desire to not just be competent in their work, but also to have some other kind of personally meaningful experience at work' (p. 57). Acknowledging the importance of workplace spirituality has been primarily associated with the endorsement of compassion and care in the workplace (Petchsawang & Duchon, 2012). Organisational spirituality researchers are interested in exploring the value of compassion that is primarily derived from Buddhist and another religious concepts in an organisational context (Opdebeeck & Habisch, 2011).

Workplace spirituality researchers are interested in examining compassion at different levels within organisations. At the interpersonal level, these researchers contend that compassion and love should be carried out by the leaders in the organisation towards their subordinates (Fry, 2003; Karakas & Sarigollu, 2013; Opdebeeck & Habisch, 2011). As a way of achieving this aim, leaders need to be cultivated and trained to be compassionate at large. At the organisational level, spirituality researchers also focus on the role of organisations on cultivating spirituality at work (Thaker, 2009). Thaker (2009) suggested that organisations could implement appropriate performance measurement frameworks to integrate spirituality in planning, goal setting, budgeting, and performance evaluation and compensation.

#### **2.4.4 Compassion at the Organisational Level.**

The fourth genre of study is organisational-level compassion capability. Research in this area attempts to explain how organisations achieve a pattern of collective compassion that represents a form of organisational strength or a manifestation of distinct and repeatable capabilities (Kanov et al., 2004; Lilius et al., 2011; Madden, Duchon, Madden, & Plowman, 2012). The focal point of this research is on systematic approach to achieving organisational-level compassion. Kanov et al.'s (2004) discussion of collective compassion suggests that research in this genre tends to focus on the organisations' top-down systematic approach to achieving collective compassion. Madden et al. (2012), by contrast, argue that an organisation's capacity for collective compassion can be achieved via bottom-up emergent processes. Several published works support the idea that changing an organisation's structure of normal operations and work roles can achieve collective compassion (e.g., Dutton et al., 2006).

#### **2.4.5 Compassion at the Interpersonal Level Between Workers.**

In contrast to the other four genres, researchers have proposed and/or examined interpersonal compassion between workers (e.g., Boyatzis, Smith, & Beveridge, 2012; Lilius et al., 2011;) using an interpersonal-level compassion interaction process model, which was initially proposed by Kanov et al. (2004) and then elaborated by Dutton et al. (2014). The interpersonal-level compassion interaction process model will be outlined in more detail below in Section 2.5. In support of this model, for example, Lilius et al. (2011) examined the factors that enable/prevent co-workers to repeatedly act with interpersonal compassion in response to different instances of suffering in their fellow co-workers. The results indicated that the

foundations of interpersonal compassion capability lie in everyday practices relating to relationship quality and shared understandings about the exchange of personal information (Lilius et al., 2011). These relational conditions allow for dynamic engagement with each employee's pain, sharing of feelings and adaptive responding that are core processes in interpersonal compassion capability (Lilius et al., 2011).

Another group of researcher engaged in an in-depth theoretical discussion on compassionate coach-coachee dynamic (R. E. Boyatzis et al., 2012). Boyatzis et al. (2012) proposed to incorporate Kanov et al.'s (2004) compassion process model in the coach-coachee dynamic because the importance of coaching is universal in both elite sport and organisations. Therefore, it is argued that the effective coaching approach contributes to the success of an organisation (R. E. Boyatzis et al., 2012). Boyatzis, Smith and Beveridge (2012) expanded on Kanov et al.'s (2004) compassion process model that consists of noticing, feeling and acting on the theoretical level. They proposed that the compassion process model should be more distinctive in reinforcing the altruistic intention of compassion responses (R. E. Boyatzis et al., 2012). The terms they use in their discussion were later used by Dutton et al. (2014) when proposing their compassion process model. For example, the term 'empathic concern' was adopted by Dutton et al. (2014) (R. E. Boyatzis et al., 2012).

#### **2.4.6 Justification of Examining Compassion at the Interpersonal Level In the Workplace.**

There are two reasons why organisational compassion at an interpersonal level will be examined in this thesis. First, studying compassion on an interpersonal level can highlight the details of individuals' effort to show sentiment towards suffering others during interpersonal interactions and allows researchers to study this phenomenon closely. Seppala, Rossomando and Doty (2008) argue that quality compassionate connections are one of the key elements that not only endorses healthy social relationships but also benefits employees' well-being. Such connections serves as a cushioning effect in the face of life stressors, allow individuals to successfully regulate their emotions, and maintain their state of well-being with the help of others (Lee & Robbins, 1998; Seppala et al., 2008; Townsend & McWhirter, 2005). Focusing on the focal actor in these interactions, Frost et al. (2006) argued that such research "highlights the emotional and connective features of such work in ways that help scholars grasp what people do when they are being compassionate" (p. 15). Goetz, Keltner, & Simon-Thomas (2010) similarly indicate that the compassionate actor has distinct experiences, approach-related physiological responses and display behaviours. Seeing compassion as interpersonal

work provides scholars with a close-up lens to study this complex phenomenon; a phenomenon that when effectively performed provides beneficial outcomes for employees.

Second, understanding of compassion at the interpersonal level will ultimately add the understanding of compassion at the collective level. Kanov et al. (2004) argue that collective compassion and interpersonal compassion complement each other. In an organisation, individuals' responses to the suffering are enabled by a variety of systemic organisational factors, such as values, practices and routines. Collective compassion also feeds back into the system and influence how organisations and their members will respond to pain in the future (Kanov et al., 2004). This thesis pursues a nuanced understanding of the interpersonal compassion process. By having a clearer understanding of the organisational compassion process components at the interpersonal level, future research can use this knowledge to work on improving the related systems and shared culture of collective compassion (Madden et al., 2012). However, this end goal needs to be built on by the bricks of comprehensively understanding interpersonal compassionate interactions within organisations.

#### **2.4.7 Justification of examining interpersonal compassion between the frontline manager and their subordinates.**

Interpersonal compassion dynamics in organisations can potentially include all social connections between employees, between employees and clients/customers/suppliers, and between employees and their managers (Seppala et al., 2008; Simpson, Clegg, & Freeder, 2013). Indeed, scholars have studied compassionate interactions between: colleague to colleague (Lilius et al., 2008), coaches to coaches (R. E. Boyatzis et al., 2012), clinicians to patients (Graber & Mitcham, 2004), psychiatrist and psychotherapist to patient (Gilbert, 2005, 2014), counsellors, pastors and social workers to clients (Miller, 2007) and hospice workers to patients (Way & Tracy, 2012).

The interpersonal compassion interactions between the frontline manager and their subordinates is the particular focus in this thesis. Frontline managers, nor even managers more broadly, have not been extensively examined as focal actors in compassionate interactions to date. Peticca-Harris (2019) explored how restaurant managers manage compassionately during the time of grief (one of the bartenders died from injuries he sustained from an accidental fall down the stairs in his home). In doing so, the author used Dutton et al.'s (2014) compassion process model as a framework to conduct in-depth interviews with the restaurant managers and employees, to gain insights on how those managers lead employees through the emotionally challenging period at work. Apart from Peticca-Harris's (2018) recent empirical exploration,

only brief theoretical arguments have been proposed by Frost (1999) and spiritual work researchers such as (Fry, 2003; Karakas & Sarigollu, 2013; Opdebeeck & Habisch, 2011).

The purpose of studying this dyadic is because the FLM-employee relationship is a critical relationship within organisations. The influence of FLMs on their subordinates has been recognised to be central to the success of business operations (Townsend, Wilkinson, Allan, & Bamber, 2012). FLMs have been recognised to be able to create a positive longlasting organisational culture for front-line employees, regardless of the decisions made in senior managerial positions (Townsend et al., 2012). They have also been considered key players in the success or failure of both formal and informal management-employee interactive mechanisms (Townsend & Russell, 2013). Managers, more generally, can influence and facilitate individual and collective efforts to achieve shared goals and visions (Karakas & Sarigollu, 2013; Mintzberg, 1973; Yukl, 2012).

FLMs also have a significant influence on the day-to-day working lives of their subordinates. The better the quality of relationship (LMX: for reviews see Gerstner & Day, 1997) between FLMs and their employees, the more positive their employees' performance and well-being (Huang, Zhao, Ashford, & Lee, 2013; Purcell & Hutchinson, 2007; Townsend & Russell, 2013; Van der Voet, 2014). Supervisor support (with positive exchanges) has been found to have a positive influence on employees' turnover intentions, organisational commitment, career satisfaction (Kang, Gatling & Kim, 2015), and well-being (Huo, Boxall & Cheung, 2018). Moreover, FLMs' leadership behaviours towards their employees have a strong influence on employees' general well-being (Seltzer & Numerof, 1988), job performance and workplace commitment (Purcell & Hutchinson, 2007).

The principal reason that FLMs have such a critical influence on their employees, compared with other managerial positions, is the power inherent in their job roles, combined with the quantity of interactions they have with their employees. FLMs, due to the nature of the position, often need to frequently communicate with their employees (Purcell & Hutchinson, 2007). Frost et al. (2006) argued that 'every organisation has routines created through sustained interaction' (p.75). These routines are the accumulative results of interactions between individuals in the workplace. Whilst it can be the case that it is the FLM themselves which is the cause of their employees' suffering (Frost, 1999), when an FLM has the ability to enact compassionate behaviours with their employees, there is not only a potentially significant positive influence on employees, but the routinisation of the compassionate interactions can have the added benefit of the cultivation of a compassionate

environment (Front et al., 2006). It is therefore vitally important to examine the nature of FLMs' compassionate interactions with their employees.

## **2.5 A Review of Interpersonal Compassion Process Literature**

In view of the above reasons and benefits of studying interpersonal compassion interactions, and those specifically between FLMs and their employees, this thesis uses Dutton et al.'s (2014) comprehensive interpersonal compassion process model as a basic framework for the inquiry. However, before going into the details of Dutton et al.'s (2014) theoretical framework, this thesis is going to present a brief review of the literature regarding the history and development on the process view of compassion interactions. The review primarily covers related literature published between Kanov et al.'s (2004) theoretical paper and Dutton et al.'s (2014) work, in which the framework was further developed. This review seeks to identify the theoretical gaps in the existing compassion process literature. After the review, this thesis is going to elaborate on each of the subcomponents in Dutton et al.'s (2014) compassion process model by reviewing how does each component come to since Kanov et al.'s (2004) work. When discussing each subcomponent of the model, research questions will be presented as to guide the empirical exploration.

## **2.6 Development of the Compassion Interaction Process**

Dutton et al.'s (2014) compassion process model is derived from Kanov et al.'s (2004) compassion process view. Since Kanov et al. (2004) introduced the concept of compassion interaction process, several scholars have proposed changes to the subcomponents in the process model (Atkins & Parker, 2012; Miller, 2007; Way & Tracy, 2012). Kanov et al. (2004, p. 812) defined interpersonal compassionate interactions in the organisation as a process of 'noticing, feeling and responding'. The first component 'noticing' which refers to the cognitive recognition of another's suffering; 'noticing another person's suffering and becoming aware of the pain he or she is feeling' (Kanov et al., 2004, p. 812). The second component 'feeling' refers to the 'empathic concern in which a person imagines or feels the condition of the person in pain or suffering' (Kanov et al., 2004, p. 813). The third component 'responding' refers to 'any action or display that occurs in response to another's a pain, with the aim of alleviating that pain or helping the sufferer to live through it' (Kanov et al., 2004, p. 814). Kanov et al.'s (2004) three compassion process components were further developed during the following

decade and became Dutton et al.'s (2014) four-component model comprising of 'noticing', 'feeling empathic concern', 'acting' and 'sensemaking' (see Figure 2.3.) (p.282).

Prior to Dutton et al.'s (2014) model, interpersonal compassion interactions were examined in different industrial contexts (e.g., health care, palliative care) and differences between these contexts, in part, shaped the further development of the compassion interaction model (Lilius et al., 2008, 2011; Miller, 2007; Way & Tracy, 2012). For instance, in reconceptualising the components in compassion interaction process, Miller (2007) selected a wide range of occupations in her study that include a nurse, physician, counsellor, pastor, chaplain, psychologist, therapist, social worker, funeral director, a forensic interviewer, and massage therapist. Lilius et al. (2008) conducted a study to explore the different forms of compassion at work as well as the consequences of those compassion. In doing so, they proposed two studies and selected a large community hospital in a mid-sized urban area in central USA. Way and Tracy (2012) investigated compassion interactions among hospice and palliative care workers.

However, there has been little investigation on the influences of the contextual factors within the organisation. Prior to Dutton et al. (2014), literature regarding interpersonal compassion interactions predominately focused on the conceptualisation of Kanov et al's (2004) *noticing*, *feeling* and *acting* subcomponents (Atkins & Parker, 2012; Miller, 2007; Way & Tracy, 2012). Dutton et al.'s (2014) theoretical paper summarised the definition of each compassion interaction subcomponent and then argues that the process and outcome of compassion interaction episodes are potentially influenced by contextual factors (e.g., personal, relational and/or organisational) in which the interaction is embedded (Dutton et al., 2014). At the personal level, Dutton et al. (2014) argued that the compassion interaction process is influenced by individual differences (e.g., personality differences, psychological differences and knowledge differences). On the relational level, interpersonal variables include 'similarity', 'closeness' and 'social power' (Dutton et al., 2014, p. 288). Organisational-level contextual factors include 'shared values', 'shared beliefs', 'norms', 'organisational practices', 'structured quality of relationships' and 'leaders behaviours' (Dutton et al., 2014, p. 288).

Despite the inclusion of contextual factors, Dutton et al.'s (2014) theoretical framework has been criticised to be ideal and does not provide enough considerations when the compassion process falters (A. V. Simpson, Pina e Cunha, & Rego, 2014). Kanov et al. (2016) partially addressed this issue by introducing the factor of uncertainty into Dutton et al.'s compassion process framework. In their research, Kanov et al. (2016) contend that when the compassion actor or the sufferer felt uncertain about engaging in an interaction, it potentially

causes both parties to withdraw from a compassion interaction process. Kanov et al.'s (2016) proposition offered sensible explanations of how Dutton et al.'s compassion process framework falters in some specific encounters. For example, an employee may have been suffering from the loss of one of his family members. Due to the unspoken rules and culture in the company regarding sharing personal matter in the workplace, the employee feels uncertain about telling others regarding his experience, which prevents the compassion actor to notice the situation.

After reviewing the preceding compassion process literature, it can be argued that the criticism overall Dutton et al.'s (2014) compassion process model can be justified by the lack of clarity in the conceptualisation of the subcomponents (e.g., noticing, feeling). In general, Dutton et al. (2014) and other proceeding interpersonal compassion process literature have been presenting the definition of the subcomponents in compassion process model in a less rigorous manner. For instance, Dutton et al. (2014) defines *empathic concern* as the “feelings of sympathy that tend to be other-oriented and altruistically—as opposed to egoistically—motivated” (p.283). Dutton et al.'s (2014) account derives closely from Boyatzis et al.'s (2012) definition of *empathic concern*, which infuses feeling and cognitive decision-making together and reinforces the altruistic instinct that motivates individuals to reduce other's distress instead of their own. However, it is difficult for researchers to develop measurement based on the definition presented above for empathic concern. The clarification of the subcomponents in the compassion interaction process model is critical to the study of compassion interaction process because this will allow future studies to explore compassion interaction on a nuanced level.

The aim of this thesis is to address the issue where the definitions of the subcomponents (e.g., noticing, feeling, acting) in compassion interaction process is limited. In doing so, the thesis is going to firstly review the proceeding definitions of each subcomponent in the compassion interaction process model. Secondly, research questions in this thesis further direct the inquiries of collecting narratives and stories in organisations that further expand the conceptualisation of each subcomponent. The following sections are going to review each of the subcomponents. Each section starts with the detailed introduction of the subcomponent definition and ended with research questions.

The research questions primarily concern how FLMs react to an employee's suffering. As discussed above, the value to study FLM-employee compassion interactions is warranted. Each research question is developed based on the literature review of each subcomponent in Dutton et al. (2014) compassion interaction process model that seeks to address how FLM notice, appraises, feel and act towards employees' suffering. It is worth noting that, despite the

issue of limited clarity on definitions of the subcomponents of compassion interaction process in the Dutton et al.'s (2014) theoretical work and other preceding literature, the following sections keep the labels (e.g., *noticing*, *feeling empathic concern*) that were used in Dutton et al.'s (2014) work as means to structure the discussion.

### **2.6.1 From Noticing to Responding.**

The change from the concept of *noticing* to *responding* was initiated by Miller (2007). With the intention of describing how compassion is experienced by human service workers in interactions with clients, Miller (2007) argued that the noticing component not only includes cognitive realisations of someone's need for help but also selecting appropriate emotional responses when gathering information about the individual in need and the contexts surrounding that need. Miller (2007) used the original term 'noticing' from Kanov et al.'s (2004) model as the label of the first component in her model (p. 231). Miller's (2007) change reflected the complexity of the concept of noticing, which creates opportunities for the incorporation of other theories.

A later change to the concept of noticing was made by Way and Tracy (2012). In exploring staff compassion to clients in a hospice context, Way and Tracy (2012) argued that the process of noticing someone's suffering needs to go beyond what is being communicated to what is not being communicated, such as non-verbal cues, timing, and context. They emphasised that, for hospice workers, engaging in this multidimensional type of recognising is an important aspect of their work. Therefore, Way and Tracy (2012) labelled the first component as *recognising*, which highlights the understandings of others' communicative cues (p. 300). Moreover, Dutton et al.'s (2014) review study acknowledged Way and Tracy's (2012) concept of recognising but kept the original name *noticing*.

The process of noticing another's suffering is multifaceted by nature. It involves identifying and understanding sufferer's emotional experiences and uses appropriate emotional expressions to engage the interaction (Miller, 2007; Way & Tracy, 2012). During the process of noticing the individual's suffering, the compassion actor also needs to be able to recognise the individual's uncommunicated message, such as body language, gestures, and interaction context (Way & Tracy, 2012). Miller (2007) and Way and Tracy's (2012) change to the concept of noticing indicates that noticing another person's suffering in an organisation requires the actor to have the skillsets to express their concern as well as to perceive the sufferer's communication.

Nonetheless, Miller (2007) and Way and Tracy's (2007) changes to the concept primarily concern health care providers and patients. The interaction context potentially influences the conceptualisation of noticing, because firstly, in scenarios where patients-nurse communication is restricted by language barriers, a lot of communication relies on non-verbal signals (Henry, Fuhrel-Forbis, Rogers, & Eggly, 2012). In addition, the intensity of suffering in organisations is much more subtle than the medical or hospice environment (Lilius et al., 2008). Suffering in organisations is not limited to physical pain or feelings of depression. Suffering in organisations can be long-lasting and is often triggered by small, accumulated events (Reich, 1989). Thus, in the hospice environment, noticing someone's suffering is different when compared to general organisations.

Dutton et al.'s (2014) account of noticing someone's suffering involved attending to the sufferer as well as to the situation and circumstances surrounding the sufferer. Later, Kanov et al.'s (2016) account of noticing provided a similar definition to the action, but also reinforced the experience of the sufferer and the wholeness of the person who is undergoing suffering. Dutton et al. (2014) and Kanov et al.'s (2016) definitions of noticing can therefore be summarised as: 1) actively perceiving the information about the suffering, and 2) being aware of the experiences of the sufferer.

However, despite preceding literature providing empirical evidence to support the conceptualisation of noticing, the approach used in the literature was through describing the action when it occurs. This potentially corresponded with the criticism that compassion literature is idealistic and uncomplicated (Simpson et al., 2014b), because the description of the action does not take into account the alternative scenarios where the suffering was not noticed. In other words, the preceding conceptualisation of noticing does not clarify whether the compassion actor's failure to notice suffering relates to their ability or the circumstances. Kanov et al. (2016) argued that compassion actors are less likely to notice suffering cues when they are uncertain about whether to engage in a compassion interaction. This proposition offers a satisfactory explanation of the criticism (Kanov et al., 2016; Simpson et al., 2014b), but fails to provide theoretical clarity regarding the concept of noticing.

However, with a specific interaction context between FLMs and employees, the first proposed research question (RQ1) concerns how FLMs notice employee suffering in organisations. Research Question 1 serves the purpose of obtaining empirical evidence that explains how a compassion actor notices employee suffering regardless of the influence of other factors, such as uncertainty. Moreover, this research question also serves the purpose of

gaining potential, additional aspects of noticing that were not formally considered in the literature review.

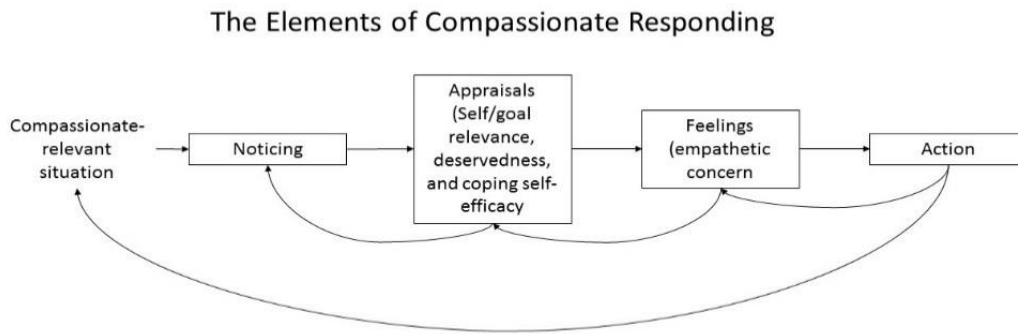
*RQ1. How do FLMs notice their employees' suffering?*

### **2.6.2 From Appraisal to Sensemaking.**

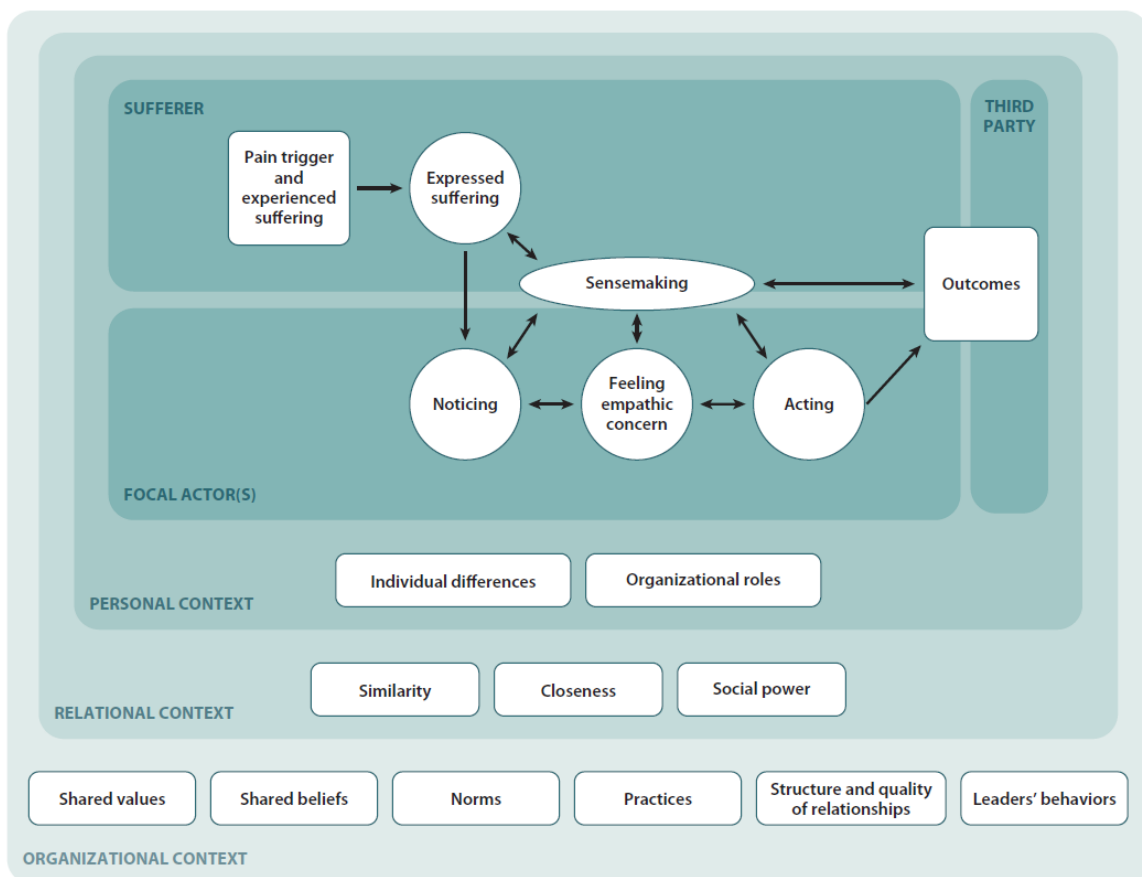
Atkins and Parker (2012) proposed the *appraisal* component in their proposed model. The appraisal component is placed between the noticing and feeling components in the original framework (Atkins & Parker, 2012). The appraisal component revolves around the evaluation of whether the benefits of being compassionate outweigh the potential costs (Goetz et al., 2010). This was the first time that cognitive appraisal was separated from the emotional experience in the process of a compassion interaction (Miller, 2007; Way & Tracy, 2012). Atkins and Parker (2012) explained that an individual's direct encounter with someone's suffering may not necessarily determine an individual's emotional responses towards that sufferer. An individual's cognitive appraisal result also determines

an individual's emotional intensity towards that particular situation (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986).

The sociological account of compassion also mentions the aspect of evaluation in compassion (Nussbaum, 1996). Although the exact term used in the sociology literature was not 'appraisal', the used term of 'belief' conveys similar information (Nussbaum, 1996). Aristotle argued that pity (compassion) rests upon three beliefs: the belief that the suffering is serious rather than trivial (seriousness), the belief that the suffering was not caused primarily by the person's own culpable actions (deservedness), and the belief that the pitier's own possibilities are similar to those of the sufferer (relatedness) (Nussbaum, 1996), indicating several important influences in the compassion process.



*Figure 2.2 Compassion Responding (Atkins & Parker, 2012, p.526)*



*Figure 2.3. Subprocesses of response to suffering (Dutton et al, 2014, p.282)*

Dutton et al. (2014) later proposed the concept of *sensemaking*, which refers to the interpretive work that compassion focal actors do to make sense of the communication between

them as they deal with experiences that can be ambiguous and possibly ‘unknowable’ in terms of sufferer’s experiences (see Figure 2.3). As Dutton et al. (2014) suggested, sensemaking encompasses both the compassionate focal actor’s appraising process of a sufferer’s situation and a sufferer’s perceptions of the compassionate actions from compassionate focal actors. The inclusion of sensemaking in compassion interaction process potentially departs from the original intent of including appraisals in the compassion interaction process and diluted the aspects of reasons in compassion that Aristotle (384 B.C. to 322 B.C.) argued were quite critical (Atkins & Parker, 2012; Nussbaum, 1996). In *Rhetoric*, Aristotle (384 B.C. to 322 B.C.) described compassion as the other-oriented feeling of pain that is in a contrast to blind urges, and it was harnessed by reason (Nussbaum, 1996). However, when sensemaking/appraisal is considered an interpersonal construct that bridges between compassion actor and sufferer (see Figure 2.3), it changes the nature of compassion. Thus, this thesis adopts Atkins and Parker’s (2012) account of appraisal, which primarily focuses on FLMs’ cognitive thought processes when encountering employee suffering.

Dutton et al.’s (2014) account of sensemaking places the emphasis on the mutualness of the appraising process, where the compassion focal actor and sufferer seek to comprehend the situation, their roles and each other. This was later supported by Simpson, Clegg and Pitis’s (2014) empirical work whereby the authors adopted the case study method to analyse the user comments to two one-line newspaper articles. They reported a compassionate story with detailed recordings of both compassion giver and receiver’s narratives. Through analysing users’ comments to the stories, the authors observed a complex relationship between compassion givers and receivers which entangles them together. In this entangled relationship, compassion givers and receivers mutually assess the situation and the interaction with criteria that can be summarised as whether the receiver deserves the compassion and whether the compassion giver benefits from the compassion (Simpson, Clegg & Pitis, 2014).

A more recent paper by Peticca-Harris (2019) investigated how managers respond compassionately to suffering in the restaurant industry where employees are faced with a high degree of emotional labour. In the paper, Peticca-Harris (2018) acknowledged Dutton et al.’s (2014) account of sensemaking and studied the narratives of managers in a restaurant. However, the results did not yield clear indications that restaurant managers and employees mutually assess the suffering together in a compassionate interaction. The lack of empirical presence to support the concept of sensemaking potentially suggests that it is a construct that is theoretically sensible but yet to be practically acknowledged.

Nonetheless, this thesis seeks to explore FLMs' compassion capability in a non-complicated way. Sensemaking/appraisals are conceptualised as an intrapersonal concept. Research Question 2 seeks to empirically understand and explore FLMs' thought processes when encountering employee suffering. The question aims to gather empirical data to support the theoretical discussions in this section, as well as exploring the extra content of FLMs' thoughts. As discussed earlier, both have equal value to the understanding the compassion interaction between FLMs and employees, and ultimately moving the conceptualisation of the compassion process framework to a nuanced level.

*RQ2. How do FLMs appraise interaction characteristics when they encounter employee suffering?*

### **2.6.3 From Feeling to Empathetic Concern.**

Miller (2007) named this process *connecting* (p.232) and argued that the empathetic feeling is a more relational than psychological concept that individuals use to make the connections between themselves and the one suffering. The author also highlighted the themes of her respondents regarding their understanding of this sub-process as “to feel as though you are the other party” (Miller, 2007, p.232). Moreover, Way and Tracy (2012) suggested calling this sub-process *relating* (p. 303), as in the hospice environment, both emotional feeling and relational connecting are equally important and both yield great benefits. Thus, they defined this component as a process that encompasses possibilities for both affective feeling and cognitive connecting, while not privileging one over the other or requiring both. As can be seen in Figure 2.2, Atkins and Parker (2012) used the term *empathic concern* (p.525) to refer to the experienced feelings of empathy, sympathy, and tenderness that motivates us to help others in this sub-process.

Moreover, the social psychology account of compassion considers the concept of empathetic feeling to be the central component of compassion (Goetz et al., 2010). Miller (2007) and Way and Tracy (2012) both contended that feeling in compassion communication is both *relational* and *psychological*. Meaning, feeling for the sufferer sometimes means to have affective feeling for the person and other times means to cognitively connect with the patient (Miller, 2007; Way & Tracy, 2012). Specifically, Way and Tracy (2012) argued that the relational aspects of empathic feeling suggest that when compassionate individuals encounter another's suffering, they are not only experiencing the emotions but also obtaining

a certain cognitive understanding of the situation. Thus, the relational concept suggests that empathic feeling encompasses both affective feeling and cognitive connecting (Way & Tracy, 2012). However, this potentially raises the issue where it is difficult to distinguish whether a compassionate individual's feelings are induced by the emotional experiences or through the cognitive evaluation of the connection with the sufferer. Therefore, this thesis separates the cognitive aspects out from the feeling component and focuses on exploring only the compassion actor's emotional experiences during a compassion interaction.

The concept of emotion has a wide range of definitions and overlapping terms (Ashkanasy, 2003). Terms such as emotion, mood, affect, and feelings appear to be used almost interchangeably by some authors (Eisenberg, 2000). Some argues that emotions are initiated by cognitions (see, for example, Lazarus, 1991) while others (see, for example, Zajonc, 1985) argue that emotions constitute antecedents, rather than consequences of cognition. According to Ashkanasy (2003), the definition of emotions started to emerge in 1980s, emotions were generally seen as an integration of instinctive, adaptive subsystems, derived from the evolutionary needs of survival.

Emotion studies in organisation contexts has established that individuals experience full range of emotions at their workplace, together with emotions more specific to the work environment (Basch & Fisher, 2000). Basch and Fisher (2000) listed the following emotions, which were reported by employees, in the order of occurring frequencies (descending). They found that employees experience positive emotions of pleasure, happiness, pride, enthusiasm, relief, optimism, affection, and power. The negative emotions, again in descending order of frequency, were frustration, worry, disappointment, annoyance, anger, unhappiness, embarrassment, sadness, disgust, hurt, fear, and bitterness (Basch & Fisher, 2000). Therefore, FLMs are capable experiencing a wide range of emotions during compassion interaction with employees.

Ashkanasy and Humphrey (2011) in a more recent work summarised that emotion studies in organisation could be categorised as five levels (within person, between persons, interpersonal, groups and teams and organisation wide). The first level, "within person emotion variation", acknowledges that affective events in organisations stimulate individuals' emotion reactions and result in impulsive behaviours (Ashkanasy & Humphrey, 2011, p. 215). Studies at this level primarily focus on momentary temporal variations in within-person emotion as experienced by individual organizational members (Weiss & Cropanzano, 1996). Weiss and Cropanzano (1996) argued that individuals at work experience affective events as daily hassles and uplifts that then determine immediate behavioural outcomes, as well as their attitudes that

influence their longer-term outcomes. In relation to this thesis, FLMs' emotional experiences when encountering employee suffering at work focuses on the within person emotion variation (Ashkanasy & Humphrey, 2011). As mentioned above, FLMs could experience a wide range of emotions that are the result of an affective event, encountering employees' suffering (Basch & Fisher, 2000).

Research Question 3 serves the purpose of exploring FLMs' emotional experiences when encountering employee suffering at work. As discussed above, using stripping away the cognitive aspects of feeling allows the exploration to concentrate on the emotional aspects. The results can therefore offer clarity about the FLM's emotional experiences.

*RQ3. What emotions do FLMs feel when they encounter employee suffering?*

#### **2.6.4 From Responding to Acting.**

The final phase, shown as *responding* in Kanov et al.'s (2004) model, focusses on actions that occur after individuals experience empathy. Likewise, Miller (2007) referred to the last component of Kanov et al.'s (2004) compassion model as "actually behaving or communicating in ways that could be seen as compassionate" (p. 233). Way and Tracy (2012) named the last step (*re*)*acting* and emphasised the proactiveness of this component. Lilius et al. (2008) argued that what makes compassion different from empathy is that compassion goes beyond empathetic feelings to entail action. Atkins and Parker (2012) simply relabelled this process step *action*. Atkins and Parker (2012) argued that it is confusing to call the last step of interpersonal compassion episode *responding*, because "noticing, appraising, and feeling can also be considered compassionate responses" (p.525).

Dutton et al. (2014) referred to acting compassionately as "all of the focal actor's behaviours that are intended to improve the experience of their sufferer" (p. 284). Acting out of compassion includes all of the empathy-induced responses to individuals' suffering. Hence, all of the actions, including recognising and noticing, can be referred to as acting out of compassion (Atkins & Parker, 2012). On the other hand, compassionate action specifically refers to a list of actions that are used to target alleviating individuals' suffering situation. Lilius et al. (2008) conducted a survey study on an America Billing company and categorised three major types of employee perceived compassionate actions: "1. Giving emotional support; 2. Giving time and providing flexibility; 3. Giving material goods" (Lilius et al., 2008, p.205). The authors argued that, in many instances, the primary form of compassion is emotional, as there is little that could be done to deal with the situation in workplaces (Lilius et al., 2008).

When categorising the forms of compassionate actions, Lilius and his co-authors (2008) summarised the following as giving emotional support: “offering words or gestures designed to extend comfort, such as hugs, listening, or questions about well beings” (p. 29). In the description, the focal actor is perceived as compassionate based on the gestures and actions they display (Lilius et al., 2008). The key action phrases, such as gestures, hugs, and listening emphasised such importance of focal actor’s intentional actions and displays. These gestures are therefore the key for focal actors to be recognised as being compassionate by the focal sufferer, which raises the question in this thesis, how do FLMs exemplify compassion?

Contemporary consensus of social support recognises that social support encompasses perceived support, received support, and enacted support (Dunkel-Schetter & Skokan, 1990). Perceived support refers to support that is available if required and received support refers to the actual occurrence of a socially supportive exchange (Barrera, 1986). Perceived support buffers and reduces the negative effect of stress (Bolger & Eckenrode, 1991; Sheldon. Cohen & Wills, 1985). Like compassion responses, enacted compassion and perceived compassion potentially influence whether or not employees perceive FLM’s actions as compassion. Therefore, it is important to discover the supportive actions that FLMs believe exemplify compassion, as well as the actions that the employees perceive as compassion.

*RQ4. How do FLMs exemplify compassion?*

### **2.6.5 Contextual Factors (Personal, Relational, Organisational).**

As discussed in earlier sections of this chapter, contextual factors potentially influence how compassion interaction unfolds (Dutton et al., 2014). Dutton et al. (2014) contended that the process and outcome of compassion interaction episode are heavily influenced by the contextual factors of which the interaction is embedded. Kanov et al. (2016) later argued that these contextual factors potentially induce uncertainty before and during compassion interaction, which increases the likelihood of the failure of compassion response. The following paragraphs are going to discuss the influences of those contextual factors on compassion interaction episodes. Moreover, as the proposed model is primarily interested in the FLM’s intrapersonal compassion interaction process, the contextual factors mentioned in Dutton et al.’s (2014) compassion model are going to be reviewed and reorganised to fit the current study.

The current stance of contextual factors believes that compassion episode is embedded on three levels of context: personal, relational and organisational (Dutton et al., 2014; Kanov et al., 2016). On the personal level, Dutton et al. (2014) argued that compassion interaction is

influenced by individual differences, which comprises personality differences, psychological differences and knowledge differences. According to Shiota, Keltner and John (2006), the feeling of compassion was positively correlated with extroversion, agreeableness, and openness to new experiences. Psychological differences primarily refer to the different level of abilities that the individual has to focus on the present-moment (Atkins & Parker, 2012). The importance of which is critical as the individual's ability to focus on current situation induces the likelihood to notice suffering during encounters (Atkins & Parker, 2012). Knowledge differences refer to the differences in terms of having different understandings about certain suffering. Dutton et al. (2014) clarified that individuals also vary in their familiarities with and knowledge about certain suffering. Due to the different experiences that compassionate individuals have, when they encounter different sufferings, they would perceive the situation accordingly.

The organisational role, according to Dutton et al. (2014) comprises three features: 1. the professional expectations that are placed on the individual employee; 2. the employee's cognitive load and 3. The emotional loads that are placed on an individual employee in the workplace. In this proposed model, the organisational role can be replaced by the role of FLM. As the proposed model primarily investigate the FLM's compassion interaction process. Therefore, the professional expectations, cognitive load and emotional load can be considered as the FLM's professional expectation, as well as the cognitive and emotional load of the FLM position.

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At the relational level, the influencing variables are comprised of *similarity*, *closeness*, and *social power* (Dutton et al., 2014, p. 288). Nussbaum (1996) argued that, as one of the three critical beliefs of compassion, the compassion focal actor is much more likely to show compassion to the sufferer when the focal actor thinks that he or she has a similar possibility of being in the same position as the sufferer. Dutton et al.'s (2014) definition of similarity suggests that the focal actor is more likely to respond in compassion towards the sufferer when they have something in common, in particular or in general. The reason that the focal actor is more likely to respond to the suffering is that similarity creates a sense of unity, which directs attention to similar situations and motivates helping behaviour (Valdesolo & DeSteno, 2011). In summary, when compassion focal actors perceive that they have similar chances of being in the same position as sufferers, or when focal actors perceive that they have something in common with sufferers, focal actors are more likely to engage in a compassion interaction with sufferers.

Closeness suggests that the relationship quality between the sufferer and the compassion focal actor would influence how the focal actor responds to the suffering (Dutton et al., 2014). As Clark (1987) contemplated, relationship closeness affects the felt compulsion to respond to another person's pain, because when people are close, they have a wider range of actions that can be considered appropriate sympathy, and the sympathy felt for the relationship partner is more extensive and more genuine. For example, in a scenario where the compassion focal actor encounters the sufferer, if the focal sufferer and compassion actor are close friends, the focal actor can stroke the sufferer's arm or back to provide comfort in order to show compassion. In contrast, if the focal actor is only acquainted with the sufferer, the focal actor would be quite reluctant to use the same action to show compassion.

According to Dutton et al. (2014), social power refers to the influences an individual applies over other people's behavioural outcomes. Social power potentially influences the compassion focal actor's perception of the situation, as well as the level of accuracy of understanding the situation empathically. van Kleef et al.'s (2008) empirical study suggested that social power reduces emotional reactions for those who suffer. In other words, compassion focal actors with a higher level of social power experience less empathic emotions. However,

a compassion focal actor with a higher level of social power has a higher level of accuracy in recognising emotions when encountering suffering.

Contextual factors at the organisational level include shared values, shared beliefs, norms, organisational practices, structured quality of relationships, and leaders' behaviours (Dutton et al., 2014). According to Dutton et al. (2014), shared values refers to "what people in an organization believe is important" (p.289). Shared beliefs, different to shared values, refer to what organisational members believe to be true. These two shared aspects of organisation influence compassion interactions because the shared values govern whether the individuals in the organisation are going to see the compassion interaction as important and shared beliefs sets the boundary for the compassion interaction. Norms refer to the normative patterns of behaviours that typify an organisation.

However, despite the many proposed contextual factors in Dutton et al.'s (2014) work and the proceeding literature, there is little empirical presence in supporting the potential influences of these contextual factors. Dutton et al.'s (2014) account of contextual factors includes many variables; however, there are other potentially organisational contextual factors that could also be taken into consideration. Therefore, the Research Question 5 seeks to provide empirical evidence that supports Dutton et al.'s (2014) views, as well as further exploring other potential influencing contextual factors.

*RQ5. What contextual factors influence the FLM compassion process?*

## **2.7 Summary**

This chapters presented an in-depth literature review regarding interpersonal compassion interactions. The chapter began with a clear clarification on the premises of this thesis—the field of Positive Organisational Scholarship (Dutton & Glynn, 2007). The primary interest of discussion of this thesis relates to organisational compassion, which is a relevant, timely theme that has been raised by organisational scholars since early 2000 (Frost, 1999). After reviewing three general genres of organisational compassion study, the discussion directed attention to the central theme of this thesis, interpersonal compassion interactions. In discussing the benefits of studying interpersonal compassion in workplaces, the specific dynamic of FLM-employee interactions was chosen as the context for the inquiries of this thesis.

Dutton et al.'s (2014) paper on a compassion interaction process model was used as the benchmark in establishing the literature review in this chapter. In a review of Dutton et al.'s

(2014) work and other proceeding literature, several gaps were identified. One of the gaps was that the proceeding literature, including Dutton et al.'s (2014) work, is limited in terms of defining each subcomponent in the compassion interaction process view. Therefore, this chapter reviewed the proceeding literature on each of the subcomponents in the compassion interaction process. Five research questions were developed to address the empirical and theoretical gaps in the proceeding literature (see list below). These five questions were also developed to help develop further understanding regarding the compassion interaction process.

*RQ1. How do FLMs notice employee suffering?*

*RQ2. How do FLMs appraise interactions when they encounter employee suffering?*

*RQ3. How FLMs feel when they encounter employee suffering at work?*

*RQ4. How do FLMs exemplify compassion?*

*RQ5. What contextual factors influence compassion interactions?*

Based on the literature reviews above, it can be argued that organisational compassion studies are still at the preliminary stage. Kanov et al. (2016) proposed that Dutton et al.'s (2014) compassion interaction model encompassed uncertainties associated with every subcomponent of the process. On one hand, the uncertainty can be used to explain the failure of compassion interactions, while on the other hand reflecting that organisational compassion literature requires further clarification. Hence, Kanov et al. (2016) argued that it is necessary to move the compassion interaction process to a nuanced understanding, where the subcomponents of the interaction process need to be explicated. Dutton et al. (2014) noted that the compassion process model could be developed to include specific contextual factors. Therefore, this thesis aims to construct a compassion model that focuses on a specific interaction dynamic (FLM-employee) and consider the theoretical gaps noted above, including a clarity-oriented conceptualisation of each of the subcomponents in the compassion interaction process. The next chapter outlines the front-line managerial compassion framework, followed by the empirical explorations directed by the framework.

## **Chapter 3. Front-line Managerial Compassion Process Model**

### **3.1 Introduction**

This chapter presents the theoretical development of the FLM compassion process framework using Dutton et al.'s (2014) compassion interaction framework as a foundation, as well as incorporates other well-established theories to clarify the FLM compassion interaction process. The purpose of this thesis is to understand the FLM compassion interaction process with employees. Dutton et al.'s (2014) compassion process model is important to inform the purpose of this thesis as Dutton et al.'s (2014) model incorporates preceding compassion process literature such as Kanov et al.'s (2004), Miller's (2007), Way and Tracy's (2012) and Atkins and Parker's (2012) compassion process framework.

This chapter presents a literature review relevant to the research undertaken for this thesis. This chapter commences with the three qualities of the proposed framework: focusing on the theoretical clarity of the sub-components; emphasising the emotional regulatory nature of compassion process; and simplified dynamics between the subcomponent in the framework. These qualities were elaborated to set the scope and focus of the framework. Following that, the conceptualisation of each FLM compassion interaction sub-component is explored and discussed with the relevant literature. These sub-components include, *noticing*, *appraisals*, *feeling*, and *action* (Atkins & Parker, 2012; Dutton et al., 2014; Kanov et al., 2004). The chapter then explores the contextual factors at personal, relational and organisational level, as according to Dutton et al. (2014) compassion process model, these factors potentially influence how compassion process unfolds. All discussions are summarised with a theoretical proposition. These propositions will guide the empirical exploration in the data collection phase of this research. The chapter concludes with the details of the theoretical framework used to conduct the research and address the research questions.

### **3.2 Three Qualities/Advantages of the Proposed Framework**

As mentioned above, the framework proposed in this thesis uses Dutton et al.'s (2014) model as the foundational framework. The framework centres on four qualities: 1) focusing on the theoretical clarity of the sub-components in FLM's compassion process, 2) emphasising the emotional regulatory nature of FLM's compassion process, and 3) simplified dynamics from the first sub-component (noticing) in the compassion interaction process to the last (action).

These three qualities reflect the advantages of the proposed FLM compassion process framework in comparison with Dutton et al.'s (2014) compassion process model.

The first advantage is that the proposed framework focuses on the subcomponents of Dutton et al.'s (2014) compassion process model instead of the overarching dynamics between subcomponents. Dutton et al. (2014) simplify the conceptualisation of each subcomponent and added bidirectional dynamics between the subcomponents (e.g., noticing leads to sensemaking whilst simultaneously leads back to noticing) (See Figure 3.2). They intended to comprehensively capture compassion interaction in practice, but it was criticised by researcher such as Simpson et al. (2014a) as being naïve. Simpson, Clegg, et al. (2014a) argue that compassion process literature so far has primarily focused on the process of the interaction, which underrepresents the reality of compassion in workplace because the process would be unpredictable and complicated due to the sociological and political dynamics in the workplace (Simpson, Clegg, et al., 2014a). Therefore, following Simpson et al.'s (2014a) critique, this thesis focuses on clarifying the subcomponents in the compassion process instead of teasing out the dynamics between the subcomponent.

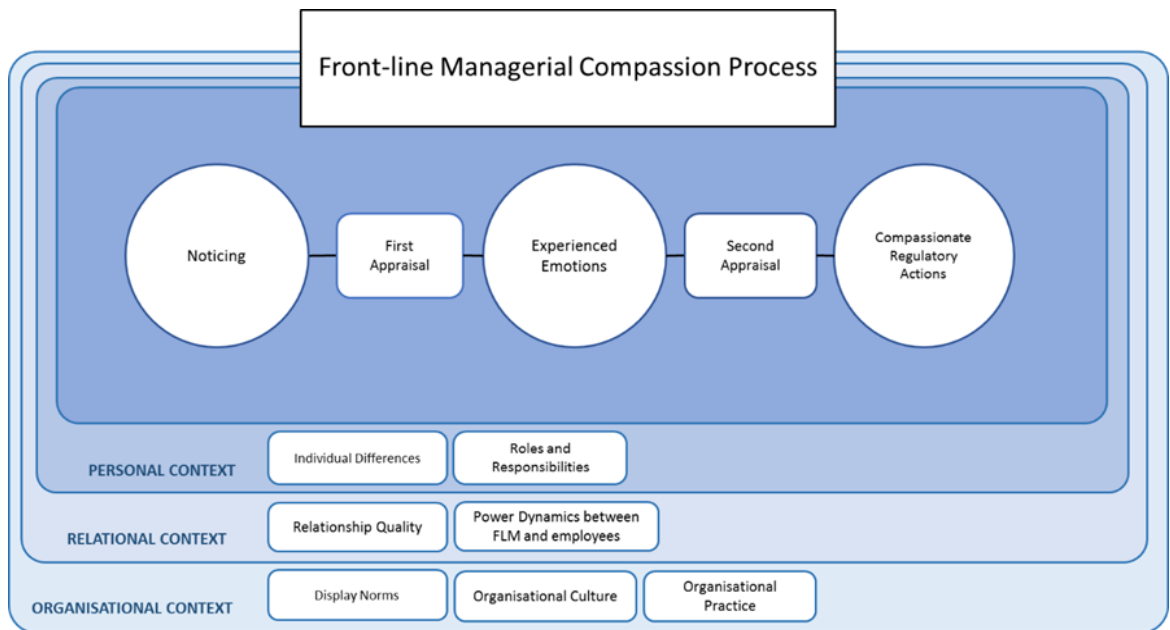
To clarify the sub-components of the front-line managerial compassion process, literature regarding emotion intelligence (Mayer et al., 2016), emotion prototypes (Shaver et al., 1987), appraisal and coping (Ellsworth, 2013; Lazarus & Folkman, 1984), emotion regulation (Niven, Totterdell, Holman, & Headley, 2012; Zaki & Williams, 2013), non-verbal communication (Bonaccio et al., 2016), and social support (Sheldon. Cohen & Wills, 1985; Gleason & Iida, 2015; House, Umberson, & Landis, 1988) was extensively reviewed. Moreover, this proposed framework primarily concerns the influences of the contextual factors on the front-line managerial compassion process. Literature regarding social power (Simpson, Clegg, & Freeder, 2013; van Kleef et al., 2008), organisational display norms (Jordan & Lindebaum, 2015), and organisational structure (Dewar & Cook, 2014) are included in order to help conceptualise and expand on the influencing contextual factors at personal, relational and organisational levels (Dutton et al., 2014).

The second advantage of the proposed framework is the reflection on the emotional regulatory nature of compassion interaction. Based on the results of their study, Lilius et al. (2008) suggested that the primary form of compassion in organisations is through regulating the sufferer's negative emotional experiences to alleviate their suffering. This aligns with the concept of interpersonal affect regulation, which is defined as "initiating, maintaining, modulating, or changing the occurrence, intensity, or duration of internal feeling states" (Eisenberg, Fabes, Guthrie, & Reiser, 2000, p. 137). Moreover, FLM's compassionate

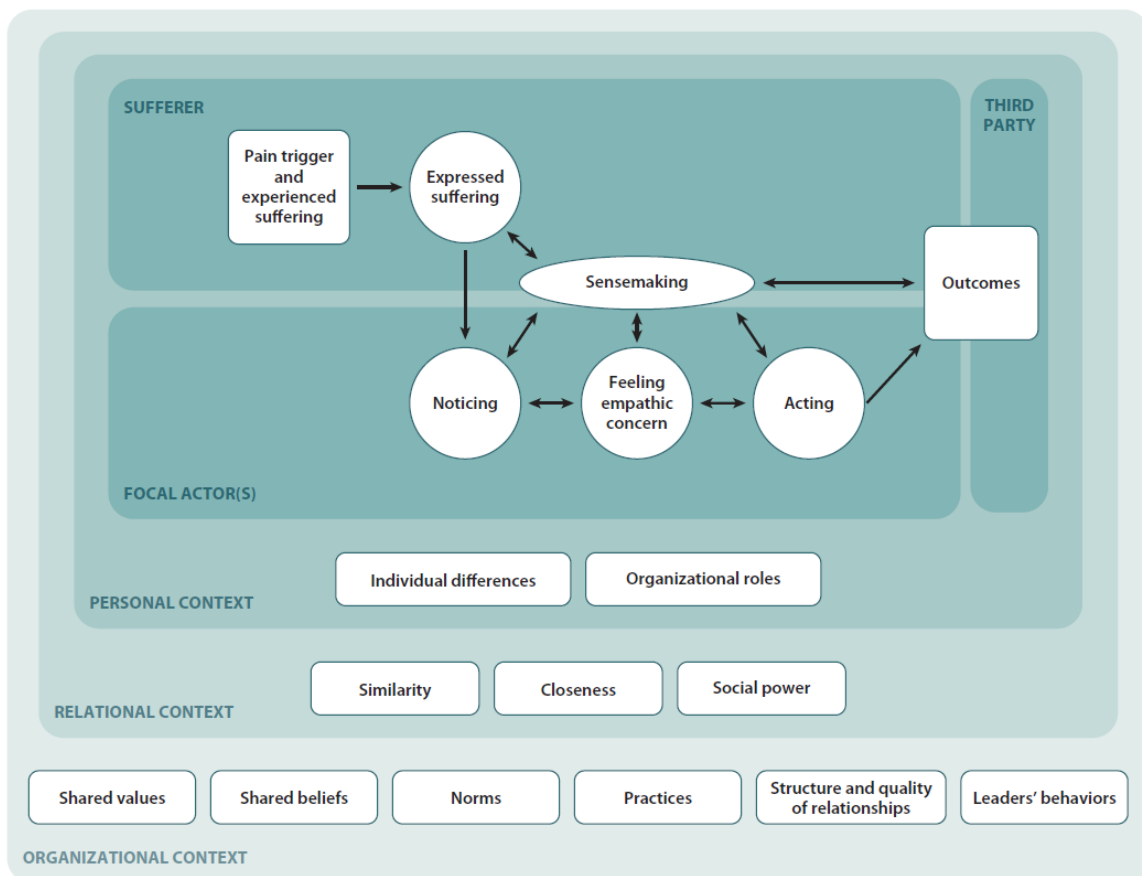
responses to employees' sufferings focus more on employees' emotions, which posits that compassion process can be seen as a form of interpersonal emotion regulation (Niven, 2016).

Niven et al. (2009) categorised interpersonal affect regulation into two categories: affect improving and affect worsening. The distinctions between affect improving and affect worsening are determined by the intention of the individual, which is to improve the targets' affect (affect improving) or to worsen the targets' affect (affect worsening) (Niven et al., 2009). In general, FLMs' compassionate interactions with employees to improve their emotions by alleviating their suffering (Dutton et al., 2014) aligns with Niven et al.'s (2009) definition of affect improving emotion regulation. According to Niven et al.'s (2009), FLMs normally choose between two primary means of regulating employees' affects: positive engagement and acceptance. Positive engagement includes the FLM attempting to improve the employee's feelings by involving the target with the FLM's situation or affect in order to achieve regulatory goals or communicating with the target and highlighting the relationship between the target and the individual (Niven et al., 2009). Therefore, FLM's compassion process possess the characteristics of affect improving emotion regulation.

The third advantage of the proposed framework is that this framework uses a simplified dynamic between the subcomponents (see Figure 3.1 and Figure 3.2). As the development of the compassion interaction process has gradually moved towards a trend that celebrates dynamic relationships between subcomponents in the compassion interaction process. For instance, Kanov et al.'s (2016) framework and Dutton et al.'s (2014) model both have bi-directional arrows between the compassion actor's interaction process. In comparison, the framework in this thesis concerns the FLM intrapersonal interaction process, and is static in nature, using one-directional arrows to minimise the distraction by focusing on the relationships between the subcomponents. The proposed framework is presented in a non-dynamic manner, which was intentionally designed to focus the attention on the content of each subcomponent instead of the relationships between the subcomponents (see Figure 3.1 and Figure 3.2).



**Figure 3.1. Proposed Front-Line Managerial Compassion Process Framework**



**Figure 3.2. Compassion Process Model (Dutton et al., 2014, p.282)**

### **3.3 FLM's Compassion Process**

#### **3.3.1 Noticing.**

Being aware of the experiences of the sufferer requires the focal actor to be able to identify the sufferer's emotions during the interaction. Kanvo et al. (2004) contended that a central aspect of the sufferer's experience is their emotional reaction towards the incident (Kanov et al., 2004). From the FLM's perspective, noticing those emotional reactions plays a major role in the noticing component of compassion process. Thus, FLMs' capability to identify their employee's emotions can be argued to be the influencing variable as to whether FLMs could notice employees' suffering.

This capability could be best theorised as emotional intelligence (EI) (Mayer & Salovey, 1995). EI is a subset of social intelligence (McCleskey, 2014; Peter Salovey & Mayer, 1990). Social intelligence refers to "the ability to understand the feelings, thoughts, and behaviours of persons, including oneself, in interpersonal situations and to act appropriately upon that understanding" (Marlowe, 1986, p. 52). The term EI was first used by Leuner (1966); however, Salovey and Mayer (1990) are generally credited with creating the contemporary conception of EI. According to Salovey and Mayer (1990), EI refers to the individual's capacity to process emotional information and include the information relevant to the recognition, construction, and regulation of emotion in oneself and others. As discussed in literature review chapter, this thesis seeks to clarify the noticing component from FLMs' EI capability point of view. In other words, whether FLMs notice their employees' suffering is argued to be influenced by FLMs' EI capabilities.

To further explore the sub-components of perceiving focal sufferer's emotional experience, this thesis incorporates Mayer and his colleagues' (2016) ability approach to EI in the noticing components of the proposed theoretical framework. The ability model of EI is based on a four-branch approach that includes the four basic abilities of emotion perception, emotion facilitation, emotion understanding, and emotion regulation (Mayer et al., 2016; Mayer & Salovey, 1997). There are several theoretical approaches to the concept of EI. Broadly, these approaches include the ability model (Mayer & Salovey, 1997), mixed models/competencies (Boyatzis, 2009), traits models (Petrides, 2010), and other models (McCleskey, 2014). Mayer et al.'s (2016) ability model is the most comprehensive and the most commonly accepted model of EI.

The initially proposed ability model had three branches: 1) appraisal and expression of emotion, 2) regulation of emotion, and 3) utilisation of emotion (Mayer & Geher, 1996; Peter

Salovey & Mayer, 1990). This initial categorisation was then developed into a four-branch model, where the authors replaced *utilisation of emotion* with *understanding and analysing emotions* and *emotion's facilitation of thinking* (Mayer & Salovey, 1997, p. 13). *Perceiving emotions*, as the first branch of the model, refers to the ability to identify emotions in one's own physical states, feelings, and thoughts, and to express emotions and needs accurately (for a review, see Mayer et al., 2016). *Understanding emotions* refers to the ability to label encountered emotions and to understand the relationships between emotions and words (Mayer et al., 2016). *Managing emotions* refers to the ability to effectively regulate an individual's own emotions, as well as the target person's emotions to achieve desired outcome (Mayer & Salovey, 1997). *Facilitate thought using emotions* refers to the ability to effectively generate emotions to relate, or to aid to another person (Mayer et al., 2016).

When noticing someone's suffering, FLMs are likely to engage all four aspects of Mayer et al.'s (2016) model. FLMs need to perceive the focal sufferer's emotions and identify the emotions to understand them to complete the action of noticing. In addition, when approaching the sufferer, FLMs also need to manage their personal emotions and facilitate their thoughts using emotions to approach the interaction. Way and Tracy's (2012) study confirmed aspects of this when they mentioned that "the subprocess of recognising... is actively searching out someone's need through interaction" (p.301). In other words, instead of being passively informed, being aware of someone's experience of suffering is a process that the compassion focal actor actively engages in and purposely directs towards.

Another well-established theoretical framework worth examining is the theory of empathic accuracy (EA) (Ickes, 1997). Empathic accuracy refers to the "extent to which such everyday mind reading attempts are successful" (Ickes & Hodges, 2013, p. 349), or how accurately one person can gather the emotions or feelings of the other person (Shiri, Cohen, Schulz, Liu, Halassa, & Waldinger, 2015; Ickes & Hodges, 2013). The initial precedent of empathic accuracy derived from Rogers's (1957) concept of accurate empathy. According to Ickes (1993), the focus of empathic accuracy studies has shifted from measuring perceivers' accuracy to judging more stable and enduring traits, such as people's personality, to the judging of less stable traits, such as attitudes, values, self-conceptions, and emotional states. Contemporary studies on empathic accuracy primarily revolve around understanding the potential factors that influence the perceiver's accuracy to empathise with another person's thoughts and emotional experiences (Erbas, Sels, Ceulemans, & Kuppens, 2016; Ickes & Hodges, 2013; Zaki, Bolger, & Ochsner, 2009).

In comparison, regarding empathic accuracy theory, EI theory is a better fit to explain how FLMs notice employee suffering the compassion interaction process. Both theories have received a great amount of attention and have been theoretically, as well as methodologically established for an extensive amount of time (Kraus, Côté, & Keltner, 2010; McCleskey, 2014). It is intended in this thesis to add theoretical clarity to the noticing component in compassion process model through reviewing both theories (Dutton et al., 2014). In addition, both theories address similar concerns, and to a great extent, justify how an individual reads another person's emotional experiences during interactions (Ickes & Hodges, 2013; Mayer et al., 2016). However, there are several distinctions between EI and EA theories.

One of the distinctions is that EI's ability approach focuses on the intrapersonal, which fits with the nature of the proposed framework, where FLM's capability of noticing employees' suffering is reflected in his or her ability to identify and understand the target person's emotions (Mayer et al., 2016). The extent to which an individual successfully reads another's emotions and achieves the communication goals is justified by the individual's level of emotion related abilities (Mayer, Perkins, Caruso, & Salovey, 2001). In contrast, EA justifies the level of accuracy at an interpersonal level, which surpasses the scope of this thesis. As Ickes and Hodges (2013) contended, both the individual's traits and target person's characteristics potentially influence EA. According to their summary, the perceiver's sex, gender, and age could potentially influence the perceiver's accuracy when empathising with others, whilst the target's relationship with the perceiver also influences the perceiver's level of accuracy (Ickes & Hodges, 2013). The purpose of this thesis is to explore FLM's compassion process, thus, the inclusion of EA theory in the noticing component may distract the goal and purpose of this thesis.

Another distinction revolves around the information that the individual perceives from the target person. EI theory suggests that individuals perceive the emotional information through the target's expressed emotional cues, such as facial expressions and body language, while EA theory proposes that individuals perceive the information through inferential reasoning of the social aspects of the target person (Ickes & Hodges, 2013; Mayer et al., 2016). For example, Ickes and Hodges (2013) stated that EA theory is based upon the concept of empathic inferences, which refers to the everyday mind reading that people do whenever they attempt to infer other people's thoughts and feelings.

In summary, EI theory could better answer Research Question 1: *How do FLMs notice employee suffering?* This emphasises FLMs' ability to perceive, understand, and communicate emotions during interactions, while the EA theory primarily concerns relevant interpersonal

factors that potentially influence an individual's accuracy in perceiving others' emotions. In other words, using an EI ability framework could better explain how FLMs notice employee suffering. As shown in *Proposition 1* below that, when FLMs notice employees' suffering, they utilise their EI abilities to perceive employees' emotions, understand employees' emotions and manage their own emotions to communicate with employees.

*Proposition 1. FLMs utilise EI abilities such as perceive employees' emotions, understand employees' emotions and manage their own emotions to notice employees' emotional expressions of their suffering.*

### **3.3.2 Establishing Two Appraisal Components in Compassion Interaction**

#### **Process.**

After reviewing the preceding literature about interpersonal compassion, this thesis breaks down 'appraisal' into two components: first appraisal and second appraisal. The 'first appraisal' primarily deals with FLMs' evaluation of whether they should respond with compassion, whereas the 'second appraisal' primarily deals with FLMs' thoughts on coping with the felt emotions (Folkman, Lazarus, Dunkel-Schetter, et al., 1986). The decision to separate first and second appraisal was based on C. D. Cameron and Payne's (2011) empirical study, as well as Folkman, Lazarus, Gruen and Delongis (1986) coping and appraisal theory. In an earlier study, C. D. Cameron and Payne (2011) discovered that individuals' compassionate emotional experiences were not directly correlated with the aggregation of suffering. In other words, individuals' emotional reaction to suffering is not an unregulated response to the encounter. Instead, as C. D. Cameron and Payne (2011) contends, the compassionate emotions are the result of a motivated emotion regulation process. This finding empirically supports the design of the proposed theoretical model in this thesis, that the cognitive component, at least a part of the cognitive aspect of compassion, is placed before empathic feelings (see Figure 3.1.).

In terms of appraisal and coping, Folkman, Gruen and Delongis (1986) states that cognitive appraisal is a process that individuals enact to "evaluate whether a particular encounter with the environment is relevant to his or her well-being" (p.992). The authors further specified that this appraisal can often be regarded as two components: primary appraisal and secondary appraisal. In the 'primary appraisal', the person evaluates whether he or she has anything at stake in the encounter, while in the 'secondary appraisal', the person evaluates

what, if anything, can be done to overcome or prevent harm or to improve the prospects for his or her own benefit (Folkman, Lazarus, Dunkel-Schetter, et al., 1986).

In the scenario of a compassion interaction, the concept of ‘primary appraisal’ is similar to the three fundamental judgements that Nussbaum (1996) proposed as the cornerstone of compassion emotions: 1) whether the suffering is severe rather than trivial (severity), 2) whether the sufferer caused the suffering to himself (deservedness), and 3) whether the focal actor has the chance to become the sufferer in a similar situation (similar possibilities). According to Nussbaum (1996), these three beliefs are the antecedents of compassionate emotions., as “Each of these seems to be necessary for the emotion, and they seem to be jointly sufficient” (p. 31). The three judgements are ultimately enacted by the compassion actor to evaluate the encountered suffering. Thus, the judgements of seriousness, deservingness, and similar possibilities could be perceived as the FLMs’ primary appraisal when encountering employee suffering (Folkman, Lazarus, Dunkel-Schetter, et al., 1986).

In terms of the ‘secondary appraisal’, noticing suffering qualifies the encounter as stressful. Thus, according to Folkman Gruen and Delongis (1986), when encountering a stressful situation, individuals using secondary appraisal would think about methods to eliminate the potential harm to themselves. Therefore, after encountering an employee’s suffering, FLMs enact a ‘secondary appraisal’ process that seeks to eliminate any potential psychological and emotional impact on themselves. However, this process was not properly theorised in Dutton et al.’s (2014) framework, which included Atkins and Parker’s (2012) proposition of appraisal in the compassion interaction process and conceptualised it as sensemaking, which is believed to deviate from Atkins and Parker’s (2012) original intent.

In summary, this thesis establishes two appraisal components in the compassion interaction process (see Figure 3.1), the intent of which is to explore how FLMs appraise the encounter after noticing employee suffering. The following two sections (first appraisal and second appraisal) provide an elaborated discussion of each of the subcomponents. This thesis uses Nussbaum’s (1996) three judgements of compassion, coping, and appraisal theory to theorise how FLMs appraise an encounter with suffering employees.

### **3.3.2.1 First Appraisal.**

Atkins and Parker’s (2012) account of appraisal and Nussbaum’s (1996) account of compassion beliefs have two similarities. Atkins and Parker (2012) contended that the compassion focal actor takes three aspects into consideration: self/goal relevance, deservingness, and coping self-efficacy. The authors stated that “if the observer makes an

appraisal that the sufferer is not self-relevant, then he or she is unlikely to be moved by the suffering of another” (Atkins & Parker, 2012, p. 527). This statement is similar to one of Nussbaum’s (1996) three beliefs of compassion, *similar possibilities*. However, the difference is that Atkins and Parker’s (2012) propositions of *self/goal relevance* primarily focuses on the closeness of the relationships between the focal compassion actor and sufferer. As the authors state, “people are more likely to extend compassion toward, and hence be willing to help, those to whom they feel more closely related” (p.527). Nussbaum’s (1996) similar possibilities refers to the evaluation of whether the focal sufferer would have a similar chance to encounter the sufferer’s situation. In view of both Nussbaum (1996) and Atkins and Parker’s (2012) account of relevance, it can be argued that FLMs evaluate the relevance between them and employees, which consists the closeness of their relationships, as well as the likelihood of encountering the same situation.

Another similarity between Atkins and Parker’s (2012) aspect of appraisal and Nussbaum’s (1996) compassion beliefs is *deservingness*. Atkins and Parker (2012) stated that “people who are deemed to be responsible for their own suffering are more likely to elicit anger in an observer than compassionate feelings” (p.527). Similarly, Nussbaum (1996) contend that compassion requires “the belief that there are serious bad things that may happen to people through no fault of their own, or beyond their fault” (p.33). Nussbaum’s (1996) account of deservingness as one of the pillar aspects of the cognitive component of compassion correspond with Atkins and Parker’s (2012) theoretical proposition. Thus, it can be argued that FLMs enacted an evaluation of the deservingness of employees after encountering their sufferings.

The belief regarding the *severity* of the suffering should also be integrated in the cognitive component of compassion interaction. According to Nussbaum (1996), severity refers to the belief regarding whether the focal sufferer’s situation is serious or trivial. Individuals are less likely to allow themselves to feel compassionate towards another individual when the person has merely lost a pencil in the workplace. Showing compassion towards another person’s situation requires the focal actor to believe that the situation is severe rather than trivial. This is indirectly supported by Atkins and Parker’s (2012) argument, “if individual lacks self-efficacy to deal with disturbing thoughts and feelings, they will... engage in avoidant behaviour” (p.527). The evaluation of self-efficacy is primarily based upon whether the individual has the ability or resources to deal with the encountered situation (Bandura, 1993). Thus, it is likely that FLMs evaluate the severity of the situation before they decide whether they have enough resources to cope.

*Proposition 2a. FLMs enact first appraisal to evaluate the encountered suffering in aspects of relevance, deservingness and severity.*

The inclusion of Nussbaum's (1996) three beliefs as well as Atkins and Parker's (2012) account of appraisal component in compassion process also corresponds with Goetz et al.'s (2010) evolutionary approach to compassion. Goetz et al. (2010) propose a cost-benefits ratio in the cognitive components of compassion and suggest that compassion would be shaped by: (a) the relevance of the sufferer to the self, (b) the sufferer's deservingness of help, and (c) the individual's ability to cope with the situation at hand (Goetz et al., 2010, p.355). Their view on the appraisals of compassion somewhat aligns with the proposed definitions of appraisals in this thesis. However, this thesis further enriches Goetz et al.'s (2010) view and suggests a comprehensive appraisal component in the compassion interaction.

Emotion is a fuel for sensemaking in organisations as individuals are involved in the sensemaking process because of the presence of certain psychological and social costs (Maitlis, Vogus, & Lawrence, 2013). In the compassion process, the cognitive components are enacted by the FLM's emotional engagement (Maitlis et al., 2013). The feelings and concern for the sufferer motivate FLMs to gather information and make sense of the suffering. Thus, the cognitive components are motivated by the emotional experiences of the compassion interaction.

### **3.3.2.2 Second Appraisals.**

Cognitive appraisals also occur after experiencing compassionate emotions (Cameron & Payne, 2011) and these compassionate emotions are often painful by nature (Nussbaum, 1996). Logically, when an individual is emotionally invested in the sufferer's situation, the person is likely to react to the emotions in order to cope with the sensation and feelings that the emotions produce. Smith and Lazarus (1993) proposed that secondary appraisal revolves around the decision making of considering the features of a stressful situation in line with four dimensions: (1) accountability, (2) problem-focused coping, (3) emotion-focused coping, and (4) future expectancy. *Accountability* determines who or what is to receive the credit (if the encounter is motivationally congruent) or the blame (if it is motivationally incongruent) for the outcome of the encounter. *Problem-focused coping potential* reflects the evaluations of the individual's ability to act directly upon the situation to bring or keep it in accord with the individual's desires, while *emotion-focused coping potential* refers to the perceived predictions of adjusting

psychologically to the encounter by altering one's interpretations, desires, and or beliefs (Smith & Lazarus, 1993, p. 238). *Future expectancy* refers to the possibility, for any reason, of there being changes in the actual or psychological situation that could make the encounter seem motivationally congruent (Smith & Lazarus, 1993, p. 238).

In short, secondary appraisal primarily concerns the FLM's coping mechanisms with the situation, and it is likely to take place after an individual experiences stressful, empathic emotions for the sufferer, and the individual's mind triggers the coping instincts and evaluates the likelihood of surviving the impact (Ellsworth, 2013; Haley, Levine, Brown, & Bartolucci, 1987). Secondary appraisal is not currently properly recognised in the compassion process literature. This thesis thus relies on empirical explorations to further clarify this component.

*Proposition 2b. FLMs enact second appraisal cope with the felt emotions using problem-focused coping and emotion-focused coping tactics.*

### **3.3.3 Experienced Emotions.**

For many scholars and psychologists, the emotions experienced during compassion interaction is the central aspect of compassion (Goetz et al. 2010). Dutton et al.'s (2014) account of empathic concern refers to the other-oriented feelings that are most often congruent with the perceived welfare of the other person. The concept of empathy has been loosely defined and utilised in different disciplines of study (Wondra & Ellsworth, 2015). Dutton et al.'s (2014) definition of empathic concern was drawn from Batson et al.'s (1987) concept of empathy. Batson et al. (1987) selected a narrow definition of empathy, which refers to one specific set of congruent emotions that are other-focused rather than self-focused. This definition of empathy primarily focuses on the congruence between the compassion actor and sufferer's emotional experiences but fails to include other possible emotions that the compassion actor may experience. Therefore, the following sections seek to theoretically explore and label the compassion focal actor's emotional experiences using emotion taxonomy literature (Shaver et al., 1987).

The benefits of directly labelling the compassion actor's emotional experience instead of focusing on the congruences between the actor and sufferer's feelings are twofold. First, directly exploring and identifying the experienced emotions of the compassion actor provides an objective perspective on the emotional experiences of the compassion actor. The concepts

of ‘emotion’ and ‘feeling’ are often used interchangeably in daily conversations (Hochschild, 1979). However, they are different from one another. Feeling is a “broad category of person-centred psychological sensation” (Munezero, Montero, Sutinen, & Pajunen, 2014, p. 104). For example, feeling hot, cold, or pain. On the other hand, emotion is a series of interrelated, synchronised changes in response to a psychological sensation (e.g., experienced emotion, expressed emotion) (Ekman & Davidson, 1994; Elfenbein, 2007; Scherer, 1993). This sensation could then lead to a state of emotions, which is a subjectively labelled sensation in the body (e.g., feeling angry, feeling sad, feeling frustrated) (Munezero et al., 2014).

Another benefit of directly identifying the compassion actor’s emotional experience instead of focusing on the congruence between the actor and sufferer’s feelings is directing the attention to the relationships between the compassion actor’s emotional experiences with other aspects of compassion actor’s intrapersonal compassion interaction process. When the compassion focal actor experiences other emotions that are not congruent with the sufferer’s emotions, the scenario is considered an empathy failure (Wondra & Ellsworth, 2015). Empathy failure is also known as “emotion un-matching to the target”, which can mean one of two things: 1) the observer reacts unemotionally to a target’s emotional experience, and 2) an observer feels something on behalf of the target that the target does not feel, such as feeling embarrassed for someone who shows no sign of embarrassment (Wondra & Ellsworth, 2015). Moreover, empathy studies have been closely associated with cognitive appraisals (Decety & Cowell, 2014; Wondra & Ellsworth, 2015; Zaki, 2014). It is believed that empathy, though considered a reflexive, congruent emotion, is also the outcome of rational appraisal. C. D. Cameron and Payne’s (2011) study empirically supports that individuals who encounter levels of suffering greater than their cognitively perceived capability are likely to not engage themselves from feeling for the targets. In other words, compassion focal actors could recognise themselves as not experiencing any emotions due to their cognitive appraisal process, as mentioned in the first appraisal section in this chapter.

In addition, Clark (1997) suggested two types of sympathy based on the different paths of a sympathy giving process (covert sympathy and surface sympathy). Covert sympathy refers to the type of sympathy with sentimental feelings but no display, while surface sympathy refers to sympathy with only display but no sentimental feeling. From an interactional perspective, a compassion focal actor’s emotional experience is not the determining factor for whether the focal sufferer perceives the focal actor’s response as compassionate. A compassion actor could feel angry towards the situation of the suffering but display this as though that the actor is sad for the sufferer. From the sufferer’s perspective, the focal actor’s response is still perceived as

compassion. Thus, the compassion actor is likely to experience various emotions that are not congruent with the sufferer's situation.

Shaver et al. (1987) reviewed established emotion related studies and proposed a prototype approach to emotion knowledge. The authors conducted a study where they asked participants to put emotional words into categories and then conducted cluster analysis to see which words were more frequently put together. Upon concluding the study, the authors established a three-tiered model that contained six categories of emotions: love, joy, surprise, anger, sadness, and fear (Shaver et al., 1987, p. 1067). Shaver et al.'s (1987) study was chosen as the tool to explore FLMs' emotional experience in this thesis because the preceding literature has yet to offer concrete empirical clarifications on what emotions do FLMs experiences during compassion interaction. Shaver et al.'s (1987) study categorised the emotions, which can help to identify and label FLMs' emotional experiences when encounter employees' suffering. Therefore, the proposition presented below is broad and inclusive, which allows other potential emotions in the interaction.

*Proposition 3. FLMs experienced a wide range of emotions that can be categorised as love, joy, surprise, anger, sadness and fear.*

### **3.3.4 Regulatory Actions.**

The proposed model conceptualises *actions* as actions that regulate the focal actor's emotional experience. As Dutton et al. (2014) proposed, "acting compassionately includes all the focal actor's behaviours that are intended to improve the experience of the sufferer" (p.284). In an earlier empirical study, Lilius et al. (2008) suggested three general categories of actions that employees describe as compassionate: "1. Emotional support; 2. Give Time and providing flexibility; 3, Give material goods" (p.29). As one of the findings, Lilius et al. (2008) reiterated that the primary form of compassion in the workplace is often emotional, as there is sometimes little that can be done to alleviate the situation. In other words, compassion in the workplace is often perceived as simply expressing emotional sympathy to the focal sufferer. Nonetheless, despite the preceding empirical findings on the forms of compassionate actions, it is still unclear in terms of what other forms of actions could be perceived as compassion? In addition, what are some of the underlying aspects of the actions that exemplify compassion?

As mentioned at the beginning of this chapter, FLM's compassion process can be seen as a form of interpersonal emotion regulation (Niven et al., 2009). First, both phenomenon have

similar goals to alter the target person's emotional experiences (Dutton et al., 2014; Zaki & Williams, 2013). In the case of compassion interaction, the target person is employee. FLMs are motivated to alleviate the employee's emotional experiences (Atkins & Parker, 2012; Dutton et al., 2014; Kanov, Powley, & Walshe, 2016) (see Figure 3.2.). Similarly, interpersonal emotion regulation comprises the motive to alter the trajectory of the target person's emotional experience through actions or affects (Niven, 2017; Rimé, 2007; Troth, Lawrence, Jordan, & Ashkanasy, 2017). Second, similar to interpersonal emotion regulation, FLMs alleviate employees' emotion through direct interaction, which includes comforting actions and displays of care and concern (Lilius et al., 2008). Similarly, interpersonal emotion regulation critically scaffolds regulatory approaches, such as coregulation or shared patterns of affective alteration across individuals (Butler & Randall, 2013; Zaki & Williams, 2013).

In mapping and clarifying the conceptual boundaries of interpersonal emotion regulation, Zaki and Williams (2013) proposed a 2 x 2 matrix of interpersonal emotion regulatory processes comprised of: 'intrinsic vs extrinsic' and 'response-dependent vs response-independent' (p.805). The intrinsic and extrinsic emotion regulation each describe ways to regulate the target person's emotions during a social interaction (Zaki & Williams, 2013). Intrinsic regulation refers to the strategies that the individual uses to regulate the target person's emotions through regulating his or her own emotions. Extrinsic regulation refers to the strategies that the individual uses to directly regulate the target person's emotions (Zaki & Williams, 2013). Response-dependent and response-independent indicate the two scenarios regarding whether the successful emotion regulation includes the input of one party or both parties (Zaki & Williams, 2013). Response-dependent suggests that the successful regulatory process is achieved through the input of the target person's reaction, whereas response-independent indicates that the successful regulatory process does not rely on the target person's responses (Zaki & Williams, 2013). The concept of compassion action in this thesis therefore can be seen as an extrinsic, response-independent emotion regulation strategy.

Extrinsic, response-independent emotion regulation strategies postulate that the regulatory goals can be fulfilled even in the absence of an interlocutor's response (Zaki & Williams, 2013). In addition, Zaki and William (2013) specified one of the prominent strategies in the category of extrinsic, response-independent emotion regulation is called "warm glow" (p.807). The warm glow encompasses two primary sections, a prosocial act (warm) and the display of positive affect (glow) (Zaki & Williams, 2013). Thus, the proposed framework explores FLM's compassionate actions in two general areas: 1). the practical actions that help regulate employees' emotions and potentially alleviate the situation of suffering; 2). the

delivery of the actions. This approach is justified by Goetz et al.'s (2010) discussion of an evolutionary approach to compassion, which argues that the state of compassion should be associated with expressive behaviour, physiological response, and underlying appraisals of the state it is mirroring. The proposed model focuses on the components of each of these sub-aspects; however, the relationship between these two components is not the focal point of the proposed model.

#### ***3.3.4.1 Non-verbal Cues.***

Theories regarding the display of emotions through verbal and non-verbal behaviours include emotional labour (EL) theory (Hochschild, 1979) and display rules theory (Ekman & Friesen, 1981). Emotional Labour theory defines EL as the purposive management and display of the employees' emotions in the workplace for the wage (Brotheridge & Grandey, 2002; Grandey, 2000). Employees engage in emotional labour to influence the emotions of others (e.g., customers, co-workers) so that work goals can be achieved (e.g., sell a product, make a group decision) (Hochschild, 1979). The display rules theory refers to the conscious management techniques used by individuals to de-intensify, intensify, neutralise, and mask displays with qualitatively different displays to fit general social norms (Diefendorff & Greguras, 2009; Matsumoto, Yoo, Hirayama, & Petrova, 2005). Both theories are centred on the management and control of individuals' non-verbal display of emotions. Moreover, both theories highlight the purpose of managing the display to fit the general social norm of where the interaction takes place. In the context of an organisation, the norm of displaying emotions is often distinctive from the norm of different cultures (Elfenbein, 2007).

Gestures and displays of emotions are often communicated through non-verbal cues (Bonaccio et al., 2016; Ekman & Friesen, 1981; Hall, 1978). Nonverbal behaviours are commonly defined as communicative behaviours that do not rely on words (Bonaccio et al., 2016). Ekman and Friesen (1975) suggested that non-verbal cues carry more than fifty percent of the information that an individual intends to communicate. In general, non-verbal behaviours have five distinctive functions in interpersonal interactions. One of the primary functions is that nonverbal behaviours reveal information about the personality, intentions, and attitudes of the communicator (Ambady, Bernieri, & Richeson, 2000; Bonaccio et al., 2016). The second function is to communicate dominance and establish social hierarchy (Bonaccio et al., 2016; Burgoon, Guerrero, & Manusov, 2011). The third function is promote social functioning (i.e., charismatic leadership) (Bonaccio et al., 2016). The fourth function is to foster high-quality relationships through promoting the development of rapport (Grahe & Bernieri, 1999). The

fifth function is to display emotions (Bonaccio et al., 2016; van Kleef, 2014). An understanding of the functions of non-verbal behaviours clarifies the potential influences of FLMs' gestures and displays during a compassion interaction. In the context of a compassion interaction, FLMs' non-verbal behaviours can influence the outcome of sympathetic emotion display (function 5), as well as the rapport between them and employees (function 4).

In exploring the potential non-verbal behaviours/cues that are perceived as compassionate, the proposed framework incorporates Bonaccio et al.'s (2016) three categories of non-verbal cues: body codes, sensory and contact codes, and spatiotemporal codes to navigate the investigation. Body codes include "kinesics, physical appearance, and oculusics" (Bonaccio et al., 2016, p. 1047). Kinesics is communication through body movement, including gestures, posture, and step, and facial expressions (Burgoon et al., 2011). In comparison to other body nonverbal behaviours, kinesics often reveal verbal deceptions (Vrij, 2006). Genuine facial expressions are generally considered to be unconscious, and the expression often occurs simultaneously with the verbal content, either congruently or incongruently (Ekman & Friesen, 1975). The other category, physical appearance, contains characteristics such as height, weight, skin, and other physical traits (Burgoon et al., 2011). Compared to other non-verbal behaviours, physical appearance is often unintentional, and therefore has less influence on the display of the communicator's emotions during the interaction (Burgoon, 2011). Oculusics contains the eye gaze, eye contact and ocular expression (Bonaccio et al., 2016).

Sensory and contact codes encompass "haptics, vocalics, and olfactics" (Bonaccio et al., 2016, p. 151). Haptics refers to the act of touching another person, while vocalics comprises pitch level, range, intonation, volume, accent, and other aspects of verbal message (Burgoon et al., 2011). Depending on the intensity and location of the touch, some touching actions can be perceived as compassionate (e.g., hug, pat on the back or shoulder) (Lilius, Worline, Dutton, Kanov, & Maitlis, 2011). Other touches can potentially be inappropriate, as the norms of touching vary across cultures (Bonaccio et al., 2016). Olfactics refers to communicating through the scent and smell of the communicator. However, similar to physical appearance, there is little to no indication that olfactual non-verbal cues influence the sufferer's perceptions about whether the FLM is being compassionate (Bonaccio et al., 2016).

Spatiotemporal codes include proxemics, chronemics, and environment (see Bonaccio et al., 2016). Proxemics refers to the use of personal space to communicate (Andersen, Gannon, & Kalchik, 2013). Similar to haptic cues, the appropriateness of the distance between the two parties is predominately determined by the culture and the relationship between them (Bonaccio et al., 2016). In general, chronemics refers to the communicated meaning of how

time is perceived (e.g., speaking speed, walking speed, promptness) (Bonaccio et al., 2016). Mohammed and Nadkarni's (2011) empirical study discovered that team leaders who are in charge of the pace of the work have positive influences on the team's performance, especially when teams differ in temporal structure. Environment includes the surroundings of where the interaction takes place (Burgoon et al., 2011).

According to Bonaccio et al. (2016), one of the functions of non-verbal cues is to convey emotions. However, not all of the non-verbal cues mentioned above carry an emotional message in the context of an organisation (Bonaccio et al., 2016). Non-verbal communication requires individuals to intentionally manage and communicate the non-verbal cues to convey messages of emotions (Burgoon, 2011). Therefore, it can be argued that FLMs need to utilise non-verbal cues to intentionally convey compassion when responding to employees' suffering.

*Proposition 4. FLMs' non-verbal cues influence the way they exemplify compassion when responding to employees' suffering.*

#### **3.3.4.2 Social Support Actions.**

As mentioned at the beginning of this section, Lilius et al. (2008) summarised three general forms of perceived compassion in their empirical work: "1. Emotional support; 2. Give Time and providing flexibility; 3, Give material goods" (p.29). As the primary form of compassion was discussed earlier, the following paragraphs concentrate on the actions that FLMs take to alleviate suffering. In theorising the actions summarised in Lilius et al.'s (2008) empirical study, this thesis draws on social support theory. In particular, the proposed framework incorporates the functional approach of social support, as well as the perceived/enacted view of support.

The concept of social support has received a wide range of study interest by health, clinical, social, and personality psychologists; communication specialists; sociologists; medical scientists; and various other disciplines (Gleason & Iida, 2015). Although social support has attracted increasing interest in various disciplines, researchers have yet to reach consensus about a single definition for social support (Gleason & Iida, 2015). Social support has predominately been defined as positive or helpful interpersonal transactions with particular social sources (e.g., boss, colleagues, friends or relatives) (House, 1981), where an individual experiences distress and the other person attempts to alleviate that distress (Dunkel-Schetter & Skokan, 1990).

A complex view of the social support concept started to form in the early 1980s (Gleason & Iida, 2015). Tardy (1985) clarified five aspects of social support that he believed to be the primary reasons that prevented scholars from reaching a singular interpretation of social support. The first aspect is ‘direction’ (Tardy, 1985, p. 188). Social support is bi-directional in nature, which means that this support could be given and received. For example, an individual could listen to another person’s distressful experiences. At the same time, another person could also listen to the individual about his or her distressful experience. The second aspect is ‘disposition’ (Tardy, 1985, p. 188). The disposition of social support encompasses the availability of support and the enactment of the support. Enacted support refers to the FLM’s self-descriptions of the support behaviours (Tardy, 1985). For example, the support provider could say that he or she listened to the individual who was feeling distressed about the recent loss of her position in the company. The listening action would therefore be considered enacted support, because from the FLM’s perspective, the listening action is an intentional supportive action. However, the receiver may feel that the FLM is taking pity on her situation instead of attempting to help. The receiver would not consider the listening action an act of support. Thus, the social support in this case is not received. The third aspect of social support is the ‘description/evaluation’ of social support (Tardy, 1985, p. 188). The distinction between described support and evaluated support revolves around the satisfaction of the supportive behaviour.

The fourth aspect of social support is the ‘content’ of support (Tardy, 1985, p. 188). This aspect of social support has been studied extensively. Tardy (1985) summarised four categories of support: emotional, instrumental, informational, and appraisal support. Emotional support refers to the provision of affect by showing concern or listening, informational support is the provision of information or advice, instrumental encompasses the provision of active help with regards to labour or time, and appraisal support comprises the provision of information relevant to help the receiver to self-evaluate (Lawrence, Gardner, & Callan, 2007). The fifth aspect of social support is the social network. A social network includes the quality of individuals’ connections with other members, as well as the quantity of the members that they are connected to, which overall influences the support they provide and receive (Gleason & Iida, 2015; Lawrence et al., 2007).

*Proposition 4b. FLMs’ enacted social support actions influence the way they exemplify compassion.*

Nonetheless, with many of the *known* factors from the preceding theories about the compassionate regulatory actions, there are number of aspects that are still unknown at this stage. It can be argued that non-verbal displays and social support behaviours are crucial for FLMs to exemplify compassion. However, there is still a need to further explore how FLMs exemplify compassion in their actions. Propositions 4a and 4b derives from the literature review of non-verbal display theory and social support theory (Bonaccio et al., 2016; Gleason & Iida, 2015).

### **3.2.5 Contextual Factors (Personal, Relational, Organisational).**

The concept of influencing contextual factors were summarised by Dutton et al. (2014). Prior to Dutton et al.'s (2014) work, Dutton et al. (2006) empirically reveal ten mechanisms that affect compassion organising. Through analysing an empirical case of compassion following a fire that affected organisational members' life, the authors revealed six of principles of social architecture (social networks, roles, routines, culture, leadership and stories told) and four compassion competencies (speed, scope, scale and customisation) (Dutton et al., 2006). These ten mechanisms were further developed in Worline and Dutton's (2017) recent work. Social networks comprise of clusters of people who connect on account of common interests, values and identity. Created roles are the emerging roles that were formed through organisation practices. Culture is the sum of the members' shared patterns of meaning, assumptions, behaviours and practices. Routines are the repetitive interdependent behavioural patterns members adopted in completing their tasks. Stories told in organisations are the narratives which carry values and knowledge, meaning, inspiration and motivation (Dutton et al., 2006; Worline & Dutton, 2017). Speed concerns the amount of time that passes between the points where a colleague's suffering has been noticed and responses are deployed for alleviating their suffering. The scope of support provided by compassionate organisations is a consideration of the variety of resources available for alleviating the suffering of colleagues. The scale of support provided in compassionate organisations concerns the number of resources provided for alleviating the suffering of colleagues (Dutton et al., 2006; Worline & Dutton, 2017).

Dutton et al.'s (2014) personal, relational and organisational contextual factors derived from the ten mechanisms of Dutton et al.'s (2006) empirical findings. At the personal level, Dutton et al. (2014) argued that compassion interaction is influenced by individual differences, which comprises personality differences, psychological differences, and knowledge differences. *Personality differences* refers to the different traits that each individual possess that are reflected in their behaviours and performances. *Psychological differences* refer to

individuals' different level of abilities to focus on the present-moment. *Knowledge differences* refer to the differences in the degree of which the individual is informed about certain aspects in the workplace (Dutton et al., 2014). Another contextual factor at the personal level that Dutton et al. (2014) proposed is the organisational role, which comprises three features: 1) the professional expectations placed on the individual employee, 2) the employee's cognitive load, and 3) the emotional loads placed on an individual employee in the workplace. Dutton et al. (2014) clarified that, the differences between individuals are one of the most influencing contextual factors on compassion process. Thus, in the proposed framework, at the personal level, individual differences and job responsibilities are two primary influencing contextual factors.

At the relational level, the influencing variables are "comprised of similarity, closeness and social power" (Dutton et al., 2014, p. 288). Dutton et al.'s (2014) definition of similarity suggests that the focal actor is more likely to respond in compassion towards the sufferer when they have something in common, in particular or in general. Closeness suggests that the relationship quality between the sufferer and the compassion focal actor would influence how the focal actor responds to the suffering (Dutton et al., 2014). However, both factors were covered in the first appraisal component as the FLM evaluates the relevance between him or herself and the employee.

In FLM-employee compassion interactions, the level of similarities between the compassion actor (FLM) and sufferer (employee) are low due to the differences of their positions. FLMs may not feel that they are in a similar situation to their employees because they have different status and focuses in the workplace. Closeness could therefore potentially be one of the dominant relational contextual factors that influence the FLM compassion interaction process. The proposed theoretical model uses *relationship quality* to include both 'closeness' and 'similarity' between FLMs and employees (Dutton et al., 2014, p. 282). The intention of doing so is to be comprehensive with both contextual factors but emphasise more towards closeness than similarity (Dutton et al., 2014).

Nonetheless, due to the positional differences, FLMs hold more social power in comparison to employees. According to van Kleef et al. (2008), social power reflects the relative influence an individual exerts over other people's outcomes, and is experienced in terms of the sense of control, agency, and freedom. Anderson and Berdahl (2002) contend that high-power individuals have been shown to experience more positive and less negative emotions than low-power people because the elevated power may reduce the propensity to respond emotionally to other people's suffering. van Kleef et al.'s (2008) empirical study also

suggested that social power reduces emotional reactions for those who suffer. In other words, FLMs would experience less empathic emotions because they are in a higher level of social power. However, a compassion focal actor with a higher level of social power has a higher level of accuracy in recognising emotions when encountering suffering. Thus, in FLM-employee compassionate interaction, power dynamics between FLMs and employees could potentially influence FLM's compassion process. The theoretical framework in this thesis includes social power as one of the other relational contextual factors. This thesis labels this contextual factor as power dynamics to imply that the power distances between the FLMs and their employees could also influence the FLM compassion interaction process.

According to Dutton et al. (2014), organisational contextual factors include shared values, shared beliefs, norms, organisational practices, structured quality of relationships, and leaders' behaviours. Shared values refers to "what people in an organisation believe is important" (Dutton et al., 2014, p. 289). Shared beliefs, different to the shared values, refer to what organisational members believe to be true (Dutton et al., 2014). These two shared aspects of organisation influence compassion interaction because the shared values govern whether the individuals in the organisation are going to see the compassion interaction as important and shared beliefs set the boundary for the compassion interaction. The theoretical framework in this thesis summarises these two factors as *organisational culture*, which implies that what individuals believe to be important and appropriate could influence the FLM compassion interaction process.

Norms refer to the normative patterns of behaviours that typify an organisation (Dutton et al., 2014). Jordan and Lindebaum (2015) propose the formation of a "leadership script" that takes into account a range of organisational factors, including organisational emotional display norms, managers' role responsibilities, and the availability of organisational support resources (p. 598). Leadership scripts refer to a general framework that individuals draw upon to guide their actions in the organisation (Jordan & Lindebaum, 2015, p. 598). Under the influences of an organisation norm, the interaction form and behaviours are often restricted by the script. For example, a norm of the organisation asserts that it is not appropriate for leaders to talk about personal matters in private. Thus, when FLMs encounter employees' suffering in their personal lives, FLMs would not easily engage the interaction if it is in a private conference room.

While *norms* and *organisational culture* both centre on the value of the organisation, they are distinctive from each other because the former focuses on the display and the other focuses on the value and beliefs. For example, even if a FLM believes that it is important and appropriate to respond to an employee's suffering at work, the FLM may not necessarily

exemplify compassion because the norms in the organisation do not encourage people to show kindness and care. Similarly, where a FLM does not believe that it is critical and acceptable to respond to an employee's suffering at work, the FLM may still respond kindly to the suffering because the general norms of the organisation encourage kindness and care. The proposed theoretical framework thus includes both norms and organisational culture as distinctive contextual factors.

The importance of organisational practices in shaping compassion has been empirically supported by past and recent studies (Dutton et al., 2006; Worline & Dutton, 2017). Dutton et al.'s (2006) empirical paper revealed that organisational compassion is influenced by a joint product of the structure of the social architecture of the organisation, the individuals who are involved in the process and the emergent features of the organisation. The "emergent structural features" affects the ongoing process of individual compassion interactions (Dutton et al., 2006, p.80). In other words, organisational practices, as the foundation of an organisation's emerging structural features, can influence how individual compassion interactions carried out. This was further developed by Worline and Dutton (2017) in their recent publication, where they acknowledged that routines are crucial for creating compassion competences because routines create expectations of how things happen but they are not static, which allows compassion interactions to be easily embedded into the pattern through improvised actions. Worline and Dutton (2017) contend that routines can be formed in many ordinary tasks at work, such as planning for the use of resources, getting together to discuss work, making decisions, and resolving conflicts. Such characteristics reflect that organisational practices, especially daily operations, could potentially affect FLM's compassion capability.

The FLM's compassion process is embedded in the relational fabric of the organisation (Madden et al., 2012) which means that FLM's compassion process is deeply influenced by the relational connections between the FLMs and employees. Dutton et al. (2014) indicates that when the connections between organisational members are high in quality, people are likely to be more emotionally attached to one another (House, Kahn, McLeod, & Williams, 1985), which would further facilitate noticing, feeling, and acting toward someone if he or she is suffering (Lilius, 2012). Lastly, leader's behaviours can symbolically and instrumentally signal and model the necessary and appropriate responses to suffering (Dutton et al., 2014). However, Dutton et al.'s (2014) discussion of the influence of leaders' behaviour on the compassion interaction overlaps with other organisational factors, such as shared values and beliefs and organisational relationships. In the proposed framework, leaders' behaviours are not considered an organisational contextual factor.

*Proposition 5. Contextual factors at the personal, relational and organisational levels influence FLMs' compassion process.*

Proposition 5 argues that contextual factors can influence FLM's compassion process, which responds to RQ 5 at the theoretical level. Due to the lack of empirical support, the proposition broadly postulates that factors at the personal, relational and organisational levels can influence FLM's compassion process. The empirical explorations in this thesis are going to seek correspondence with this proposition.

### **3.4 The Concept of Suffering in This Thesis**

The concept of suffering is included in Dutton et al.'s (2014) terminology. Morse and Carter (1996) define the concept of suffering in general as an individual's overwhelmed emotional experiences responding to some events. Following this definition, employee suffering in organisations can be understood as employees' emotional experiences responding to a particular stimulus or events in workplaces. According to Frost (2003), employee suffering is predominantly generated by managers' behaviours and structural processes and policies within organisations. Frost (2003) drew together substantial literature linking organisational events to emotions and individual outcomes to categorise events that can lead to toxicity in organisations, and identified that organisational toxic events fall into one or more of seven major categories: "intention (e.g., bullying); insensitivity (e.g., lack of empathy); incompetence (e.g., poor interpersonal skills); infidelity (e.g., lack of loyalty to others); institutional forces (e.g., perceptions of justice); intrusion (e.g., extra work and/or intentional blurring of the work private divide); and finally, inevitability (e.g., change in organisations)" (p. 23). All of these are the sources of toxic emotions in organisations, and all of these toxic emotions are the causes of suffering.

Studying compassion as a form of interaction in the organisation requires the researcher to set the expectation of the intensity of the suffering as low. When interactions between FLMs and employees occur, it is not up to the researchers to decide whether the interaction is considered compassionate or ordinary by simply judging the intensity of the suffering mentioned in the content of the interaction. Compassion could be shown in the most simple forms, such as a handshake or a pat on the shoulders (Lilius et al., 2008). On some occasions, the sufferer does not realise that they are suffering (Reich, 1989); however, the compassion

actor had experienced suffering due to prior similar incidents. Thus, the compassion actor notices and responds to the sufferer in compassion without consultation. In other words, a compassion interaction does not require either of the involved individuals to experience intense emotions. In this case, the emotional intensity is minimal, but the involved individuals would still consider it a compassionate interaction.

This thesis therefore regards suffering as a broader construct, which does not emphasise the level of severity of the experience. In other words, suffering in this thesis can range from slight emotional distress to traumatic experiences. The primary reason for this decision was to include more narratives and stories from FLMs and employees, because individuals have different levels of understanding and coping capabilities when it comes to suffering. In some cases, being yelled at by customers or other employees could be ‘suffering’ to many employees. Therefore, when FLMs notice these employees and understand what they are going through, this would be considered compassion in the eyes of those employees. It is argued that valuable insights into compassion interactions would be lost by excluding these scenarios and focusing on the theoretical definition of suffering.

Burnout scholars have widely regarded employees’ accumulative stresses at work as suffering (Duffy et al., 2015; Figley, 2002; Mason et al., 2014). As briefly mentioned in Chapter 2, burnout is normally the consequence of an individual’s long-term accumulation of unresolved distressful emotions at work (Mason et al., 2014). In this regard, experiencing distress at work can be considered a form of suffering due to the long-term negative effects that play on individuals’ general wellbeing (Duffy et al., 2015; Mason et al., 2014). This further supports the view of suffering at work used in this thesis.

### **3.5 Summary**

In summary, the proposed framework utilised established theories such as emotion intelligence, emotion prototypes, appraisal and coping, emotion regulation, non-verbal communication and social support to clarify the subcomponents of Dutton et al.’s (2014) compassion process model and edited the structure of the framework. As discussed above, the proposed framework has three qualities/advantages: 1) focusing on the theoretical clarity of the sub-components in FLM’s compassion process, 2) reflecting the emotional regulatory nature of compassion process, and 3) Offering a simplified dynamic between the subcomponents. EI literature suggests that FLMs utilised their EI capabilities to notice employees’ emotions (Mayer et al., 2016). Appraise and coping literature suggests that the appraisal component was separated into

two, one placed before FLM's felt emotions and one after the felt emotions (C. D. Cameron & Payne, 2011). Further, appraisal and coping theory also suggests that FLM's evaluates the encountered situation and enact coping strategies before respond to employees' suffering (Dewe, 1991; Folkman, Lazarus, Dunkel-Schetter, et al., 1986). Non-verbal literature expanded on the preceding conceptualisation of compassionate actions, where FLMs' non-verbal cues potentially influence the exemplification of compassion (Bonaccio et al., 2016). Similarly, FLM's social support actions could also influence their exemplifying compassion (Gleason & Iida, 2015). The contextual factors of Dutton et al.'s (2014) compassion process model could potentially influence how FLM's compassion process unfolds. However, empirical evidence is warranted because there is no evidence that supports the fact that contextual factors at the personal, relational and organisational level would influence FLM's compassion process.

## Chapter 4. Methodology

### 4.1 Introduction

The research design of this study was driven by five research questions which seeks to understand and explore the phenomenon of compassion interaction between front-line managers and employees in organisations. The nature of this thesis falls under the interpretivist philosophical paradigm. To achieve the aims, a qualitative methodology was adopted for this study, using semi-structured interviews to collect data and content analysis to explore the data (Vaismoradi, Turunen, & Bondas, 2013). Qualitative inquiries concentrate on the “qualities of entities and on processes and meanings that are not experimentally examined or measured (if measured at all) in terms of quantity, amount, intensity, or frequency” (Denzin & Yvonna, 2005, p. 11).

In view of nature and the purpose of the research questions, a qualitative methodology was deemed most appropriate as it enables the researcher to obtain insights into the phenomenon of interest with little restriction of the approach to the phenomenon (Creswell, 2013). In addition, the proposed compassion process model is at the preliminary stage (Dutton et al., 2014), which inevitably encompasses unknown factors that could potentially determine how the compassion process unfolds. The following sections discuss the methodology used to accomplish the inquiry in extensive detail. The discussion includes the identification of the philosophical paradigm that drove the selection of methodology and analytical method in this study, the use of descriptive methodology and the justifications for the selection, the data collection process and the data analysis method.

The research questions were developed based on the theoretical framework discussed and developed in Chapter 3. In brief, the theoretical framework was based on Dutton et al.’s (2014) compassion process framework, with the added context of the FLM-employee interaction. Research Questions 1 to 3, “*How do FLMs notice their employees’ suffering?*”, “*How do FLMs appraise interaction characteristics when they encounter employee suffering?*” and “*What emotions do FLMs feel when they encounter employee suffering?*” focus on the FLM’s intrapersonal experiences of compassion. Research Question 4 “*How do FLMs exemplify compassion?*” seeks to understand the sub-component of *compassionate regulatory action* from both FLMs and employees’ perspectives. Research Question 5 “*What contextual factors influence the FLM compassion process?*” examines the potential contextual factors that could influence the FLM’s intrapersonal compassion interaction process. The research

questions primarily focus on FLM's compassion interaction process, with the subsidiary inquiries on employee's perception and reaction about the FLM's compassionate responses.

## **4.2 Paradigm and Research Methodology**

This study falls within the interpretivist philosophical paradigm, which includes an ontological view that embraces multiple, constructed reality and an epistemological view that believes in the inseparable relationship between the observer and the observed (Guba & Lincoln, 2005). Prior to justifying the selected methods for this thesis, it is critical to clarify the philosophical paradigm that this study fits. Different philosophical assumptions of reality, epistemology, and value lead to distinctive strategies (e.g., quantitative & qualitative) to the phenomena of interest (Creswell, 2013). The philosophical paradigm, also known as the inquiry paradigm, is "the starting point that determines what inquiry is and how it is to be practiced" (Guba, 1990, p. 18). These paradigms cannot be validated or invalidated, they are simply a set of beliefs that guide our actions in acquiring the unknown of this world (Guba, 1990).

A philosophical paradigm answers three fundamental questions: ontological questions, epistemological questions, and methodological questions (Guba & Lincoln, 1994). Ontological questions seek the reality of nature and what there is to know about it, epistemological questions ask about the relationships between the knower and what can be known, while methodological questions seek to produce the strategies to approach the form of reality (Guba & Lincoln, 1994). There are different ways of answering these questions which lead to different philosophical paradigms. The following sections compare two distinctive social science paradigms by using the aforementioned three fundamental questions: epistemology, ontology, and methodological to clarify the differences. There are arrays of philosophical beliefs and interpretivist and positivists are the two contradictions on the continuum of paradigms. Thus, these two paradigms were selected for comparison in order to clarify the philosophical paradigm that this thesis falls under.

Interpretivists have different ontological and epistemological views to positivists. Ontologically, interpretivists denote that there are multiple, constructed realities, while the epistemology indicates that the observer and the observed are inseparable (Denzin & Yvonna, 2005; Guba & Lincoln, 1994). Positivist ontology implies that reality exists out there and is driven by unchallengeable natural laws and mechanisms (Guba, 1990). Epistemologically, interpretivists believe that the inquiry is value-bound, and it is impossible to distinguish the researchers and the phenomena (Teddlie & Tashakkori, 2009). However, positivists believe

that an objective epistemological approach to the absolute reality is the way to inquire (Guba, 1990). Thus, interpretivist researchers also believe that time- and context-free generalisations are impossible, and there is an emphasis on using inductive reasoning, which argues from the particular to the general (Schwandt, 1998). On the other hand, researchers driven by the positivism inquiry paradigm believe that the inquiry should not intervene with the reality that they seek after (Guba & Lincoln, 2005).

Methodologically, both interpretivist and positivists' methodological approaches are directed by the research questions (Guba, 1990). However, because of interpretivists' ontological and epistemological beliefs, interpretivists often have questions about the meaning of social phenomenon (*how* questions). Therefore, they often use inductive methods such as interviews, observing, and analysis of text. In contrast, when considering that separation from the inquired phenomenon is critical, positivist researchers often have questions about the objective reality (*what* questions) and obtaining facts through observing laws and mechanisms of nature (Guba & Lincoln, 2005).

The interpretivist paradigm stems from the German intellectual tradition of hermeneutics and the *verstehen* tradition in sociology (Schwandt, 1998). The goal of *verstehen* is the acquiring or understanding of the meaning of social phenomena (Schwandt, 1998). Unlike natural science, interpretivists seek an understanding of social reality through the perceptions and voices of participants (Richards & Morse, 2013). Researchers using an interpretivist paradigm argue that human behaviour is too complicated and non-generalisable to be described in objective theories (Creswell, 2007). Thus, interpretivists often wrestle with maintaining the opposition of subjectivity and objectivity, and engagement and objectification (Guba & Lincoln, 2005; Schwandt, 1998). Since the emergence of interpretivist thinking, the paradox of how to develop an objective interpretive science of subjective human experience thus arises (Schwandt, 1998).

<b>Paradigm</b>	<b>Positivist</b>	<b>Interpretivist</b>
<b>Ontological beliefs</b>	Realist – reality exists out there and is driven by immutable natural laws and mechanisms.	Multiple realities are constructed through our lived experiences and interactions with others.

<b>Epistemological beliefs</b>	Dualist/objectivist - it is both possible and essential for the inquirer to adopt a distant, non-interactive posture. Values and other biasing and confounding factors are thereby automatically excluded from influencing the outcomes.	Reality is co-constructed between the researcher and the researched and shaped by individual experiences.
<b>Methodological Beliefs</b>	Experimental/manipulative - questions and/or hypotheses are stated in advanced in propositional form and subjected to empirical tests (falsification) under carefully controlled conditions.	More of a literary style of writing used. Use of an inductive method of emergent ideas (through consensus) obtained through methods such as interviewing, observing, and analysis of texts.

Adapted from Creswell (2007, pp. 36–37) and Guba (1990, p. 20)

The research questions in this thesis correspond with the characteristics of interpretivist paradigm as a qualitative methodology was deemed the most appropriate approach to examine the FLM compassion interaction processes in organisations. The qualitative methodology allows researchers to inductively exploring the subcomponents of FLM’s compassion interaction process (Denzin, 2009). Creswell (2013) contended that qualitative methodology allows researchers to gain a depth of understanding of the social situation in order to explore meanings. The research questions in this thesis seek to explore the phenomenon of the FLM compassion interaction process with employees. For instance, Research Question 1 seeks to understand *how* FLMs notice employee suffering. Research Question 2 seeks to understand FLMs’ thought processes when they encounter employee suffering. Despite the theoretical clarification in Chapter 3, there is still a lot unknown about this phenomenon which is one of the reasons why a qualitative methodology was seen to be most appropriate for the research in this thesis. According to Richards and Morse (2013):

*If the purpose is to understand an area where little is known or where previously offered understanding appears inadequate (thin, biased, partial) ... If the purpose is to make sense of complex situations, multi-context data, and*

*changing and shifting phenomena... If the purpose is to learn from participants in a setting or a process the way they experience it...If the purpose is to construct a theory or a theoretical framework that reflects reality...If the purpose is to understand phenomena deeply and in detail, you need methods for discover of central themes and analysis of core concerns (pp. 27-28).*

## **4.3 Method**

### **4.3.1 Case Study Method in general.**

According to Guba and Lincoln (2005), a case study is one of the most common ways to undertake a qualitative inquiry. A case study concentrates on the experiential knowledge of the case and pays close attention to the influences of social, political, and other contexts (Stake, 2005). A case study design allows the researcher to focus on clarifying the research questions and adopt various data collection methods that appropriately fit the purpose of the research (Stake, 2005). Case studies are particularly useful when the aim is to understand *how* and *why* (Yin, 1994) which is fundamental to this thesis. According to Yin (1994), “case studies are the preferred strategy when ‘how’ and ‘why’ questions are being posed”, and to answer questions that “deal with operational links needing to be traced over time, rather than mere frequencies or incidences” (p. 7).

An exploratory case study is used in this thesis to explore a situation, i.e. FLM’s compassion process, in which the intervention being evaluated has no clear, single set of outcomes (Yin, 2011). Baxter and Jack (2008) summarised that a case study can be categorised into two primary groups: a descriptive case study and exploratory case study. Yin (2011) defined a descriptive case study as the means to describe an intervention or phenomenon and the real-life context in which it occurred. Other types of case study methods, such as exploratory, are also relevant to the general interest of this thesis.

In terms of case study design, Baxter and Jack (2008) summarised three types: a single case study, single case with embedded units, and multiple case studies. More specifically, a single case approach was categorised by Stake (2005) as either an ‘intrinsic case’ or ‘instrumental case study’ (Stake, 2005, p. 445). The intrinsic case is chosen because one wants to understand that particular case and it is of interest in itself (Stake, 2005, p. 445). This approach is often directed by the research interest of studying an organisation from a holistic point of view (Stake, 2005). An instrumental case study indicates that the case “is looked at in depth, its contexts scrutinized and its ordinary activities detailed” (Stake, 2005, p. 445). This

approach is also known as a ‘single case with embedded units’ (Baxter & Jack, 2008, p. 550). This approach allows researchers to look at sub-units that are situated within a larger case (Stake, 2005). A ‘multiple case study’, which differs from those listed above, can jointly study instrumental cases to investigate a phenomenon (Stake, 2005, p. 445). Stake (2005) made the point that the cases can be similar or dissimilar, the purpose being that they are chosen in the belief that they will lead to better understanding and theorising. The distinctions between multiple cases and a single case with embedded units is that the context is different in each of the cases.

#### **4.3.2 Case Study Method in This Thesis.**

The literature review and theoretical development of the model revealed that the process view of compassion interaction is at the preliminary stage, and as such, further exploration and findings are necessary for future testing and confirmation of the theoretical framework (Dutton et al., 2014). In addition, the lack of empirical evidence to support the conceptualisations of the subcomponents in the proposed model prevents further examination of the relationships between each component. This study seeks to provide clarity to the process view of compassion interactions between FLMs and employees by exploring FLMs’ intrapersonal experiences and thoughts about the interaction and uses case study methods as the means to study this *phenomenon* (Richards & Morse, 2013).

The case in this thesis is the phenomenon of FLMs’ intrapersonal compassion interaction process when encountering employee suffering. As discussed in Chapter 2 and 3, the process of compassion interaction between FLMs and employees is under studied. Specifically, the proceeding literature has yet to comprehensively theorise the compassion focal actor’s (FLM’s) interaction process. In addition, as Dutton et al. (2014) indicated, the compassion interaction process is largely influenced by the contextual factors of the organisation. For instance, personality differences could potentially cause the compassion interaction process to falter (see Chapter 3). Therefore, in order to explore the phenomenon of compassion interaction between FLMs and employees, a descriptive case study approach is used to study the phenomenon in this thesis, as well as to explore the influencing contextual factors in the organisation.

The boundaries of the case study method in this thesis were determined by the FLM’s compassion interaction process. The primary interest of this thesis is to understand the phenomenon of the FLM compassion interaction process instead of the context of organisations (e.g., hospitality, retail, manufacturing). As such, this thesis is also interested in understanding

the influences of *contextual factors* on the FLM compassion interaction process. The phrase ‘contextual factor’ was directly derived from Dutton et al.’s (2014) work, which specifically refers to the environmental factors in the workplace (e.g., personality differences, relationship quality) instead of the industrial context. Both of the phrases ‘context’ and ‘contextual factors’ are used in the following discussion; thus, to avoid confusion, the following discussion uses *contextual factors* only to refer to Dutton et al.’s (2014) proposed environmental factors in the workplace. The research questions explore the phenomena of compassion interaction between FLMs and employees, primarily focussing on FLMs’ intrapersonal compassion interaction process during the interaction. Therefore, the unit of analysis in this thesis is individual FLMs (Stake, 2005).

This thesis utilises a single case with embedded units case study design (Baxter & Jack, 2008). As Baxter and Jack (2008) specified, the type of case study should be determined by the boundaries of the case study. To clarify, if this thesis was interested in compassion interaction between FLMs and employees as well as compassion interaction between employees, then the thesis would benefit from a multiple case study approach because the study would in fact be interested in two interaction dynamics or two interaction contexts. The researcher could investigate two groups of interviewees and investigate the phenomenon in two distinctive interaction contexts. However, according to the established boundary of this study, this focus of thesis is one phenomenon and the influences of an organisation’s contextual factors on the phenomenon. Therefore, the thesis was deemed to benefit from a single case with embedded units approach (Baxter & Jack, 2008).

#### **4.4 Data Collection**

Directed by the proposed research questions and the discussion of the qualitative case study method, the selection of participants is pertinent to case study research and the opportunities to theorise. The selection of the two organisations was made because both organisations showed interesting characteristics in their current situation, as well as the changes that both organisations had endured. For instance, Gold Coast Hospital Allied Health department went through a period of team reconstructions and therefore caused a lot of department wide communication issues. Another reason to interview two organisations with frontline jobs that have similar characteristics (they demand a high level of emotional labor as these workers have frequent interactions with clients and a role requirement to display positive emotions (Brotheridge & Grandey, 2002; Grandey, Diefendorff & Rupp, 2013) yet different organisation

contexts is to compare the two sets of data and see if the differences in the context (e.g., organisational cultures, senior leadership, Worline & Dutton, 2017; emotional display norms, Brotheridge & Grandey, 2002) would result in some incongruences with the theoretical propositions. The nature of emotional labour exposes employees to stress, anxiety and burnout at work (Brotheridge & Grandey, 2002) and thus potentially enable more frequent interactions between FLMs and employees (Miller, 2002). The differences in the organisational context of the participating organisations allow the exploration of some shared aspects of the way FLMs respond compassionately to employees' suffering, despite the differences in the context of work. Prior to collecting the data, the research project was passed for ethical approval through the Griffith University Ethics committee and Gold Coast Hospital and Health Service Human Research Ethics Committee (refer to the ethical clearance letter in Appendix 13).

#### **4.4.1 Participating Organisations.**

Both participating organisations (Mantra Hotel Group and Gold Coast University Hospital) have interesting background stories. First, the Gold Coast University Hospital strive for a better service quality and have a team of health professionals who work together to support patients and provide a comprehensive diagnosis. In view of the team structure, allied health professionals face a lot of communication challenges, as the team is formed by health professions from various disciplines. Each discipline has their unique communication style and preferences. Change therefore further impacted communications in the department (according to the HR liaison person). The Gold Coast University Hospital was geographically relocated from its original site to its current location. The nursing sector went through rounds of personnel reallocating, the result of which caused some nurses to move to another precinct in the Gold Coast region (e.g., Robina Precinct & Palm Beach Precinct). Second, in terms of Mantra Hotel Group, the Reservation Department also underwent a change when the company centralised several sites that were in other cities, including Sydney and Melbourne. During this change, the department also changed the general manager, which caused the department to undergo a drastic cultural shift. As a result of this cultural shift, the department successfully adapted to the changes and once gain retrieved its strength to support the company's growth.

The "opportunistic approach" (Buchanan, Boddy, & McCalman, 1988) was used to select the participating organisations, whereby organisations were approached following an introduction from a friend or associate; a strategy employed by many researchers given the difficulties in gaining access to organisations (Saunders, 2012). The first organisation was the Gold Coast University Hospital, one of the largest public health, clinical teaching, and research

facilities in the state of Queensland. Through a workplace contact, access to the organisation was arranged by the HR business partner. With the consent of this senior leader, the researcher was able to express interest in conducting interviews in at the Gold Coast University Hospital. In addition, through LinkedIn, the researcher established a connection with the general manager (GM) of the Mantra Hotel Group's Reservation Department. The researcher finalised the decision to conduct interviews with the company after meeting with the GM. In the meeting, the GM expressed interest in participating the study because the Reservation Department was going through a structural change at that time and the GM was interested in the employees' responses to the implemented changes.

#### **4.4.2 Selecting Individual Participants.**

The purposive sampling method was used to select the individual participants. The researcher and organisation contacted personnel from the Gold Coast University Hospital and the Mantra Hotel Group to co-select participants. Interview participants were selected using a non-probability, non-random purposive sampling approach (Barbour, 2001). The general idea of purposively selecting individual participants is to ensure that the participants come from a wider spectrum of demographics and occupations in the organisation (Barbour, 2001). Saunders (2012) argued that compromise may be necessary with regard to participants and that this does not detract or negate theoretical and epistemological concerns. Buchanan et al. (1988) also argued that the researcher's view of ideal data collection methods and the desired status of different types of data is constantly compromised by the "practical realities, opportunities and constraints presented by organisational research" (p. 54).

In total, 28 participants were interviewed across the two case organisations. The number of participants interviewed was supported by Saunders and Townsend's (2016) recent work regarding the appropriate number of participants for qualitative research. However, it is argued that there is no benchmark for the number of participants in qualitative studies and the quality and outcome of the inquiry (Saunders & Townsend, 2016). According to Saunders (2012), when examining multiple organisations, the ideal number of participants falls between four to 12 participants as likely to be sufficient when chosen from populations considered homogeneous, and 12–30 participants, when chosen from populations considered heterogeneous.

The demographics of the participants are presented in Table 4.1. Demographically, females were the predominate gender of the recruited employees from the department selected as the site for the investigation of this study at the Gold Coast University Hospital. Thus, the

researcher purposively selected the participants that well represented the demographics of the organisation. In addition, the Mantra Hotel Group was reported to have a total of 61 per cent female employment in the entire company and the Reservation Department had a higher than 70 percent female employment rate.

In terms of positions in the organisaions, the Reservation Department of Mantra Hotel Group had a traditional organisational structure, where each team leader had a small group of people to supervise (normally one to two people). Each team-leader then reported to a group supervisor that oversaw one to two supervisors. At the same time, the group supervisor also covered all the individual front-line employees in the group. Thus, the ratio of front-line managers and employees was approximately 1:1. In contrast, the Allied Health Department at the Gold Coast University Hospital had a relatively more complex structure. A front-line manager held administrative managerial responsibilities but he or she also acted as a health practitioner. Thus, when selecting the participants, the researcher approximated the ratio to be 1:2 to ensure the representation of the population in the organisation.

Gold Coast University Hospital		Mantra Hotel Group	
Participants	14	Participants	14
Gender	13 F; 1 M; 0 O	Gender	11 F; 3 M; 0 O
Position	5 FLMS; 9 Employees	Position	6 FLMS; 8 Employees

Table 4.1 A Summary of number of participants from both organisations

#### 4.4.3 Interview Methods.

In comparison with other interview techniques, the semi-structured approach was deemed the most appropriate method to obtain rich contextual data and allow new patterns and themes to emerge, with various advantages over in-depth interviews or focus group interviews (Kvale, 1994; Richards & Morse, 2013). The semi-structured interview technique allows researchers to gather multiple, rich perspectives about a phenomenon, which may result in new insights and understanding (Guba & Lincoln, 1994) to ask detailed questions of participants to explore topics in depth, and to explain or clarify questions for participants, increasing the likelihood of useful responses (Clark & Creswell, 2008).

In-depth interviews can provide researchers with much insight from each interviewee, but are often more intensive, and therefore more expensive, than another type of interviews (Creswell, 2013). A focus group interview, on the other hand, gains multiple perspectives from the interviewees and is more flexible than the in-depth interview technique (Zikmund, Babin,

Carr, & Griffin, 2012). However, a group discussion was deemed unable to provide adequate answers to the proposed research questions. In-depth interviews were also deemed ineffective to grasp the perceptions of compassion interactions from both FLMs and employees' perspectives, as a disadvantage of this approach is that the presence of the researcher may influence the answer and reduce the perceived anonymity of the participants. Hence, semi-structured one-to-one interviews were deemed the most suitable technique by which to approach the research questions. In this study, each interview lasted between 45-60 minutes. Copies of the interview protocols are provided in Appendix 15.

The interview question design used in this study comprised both global questions and probing questions. One of the reasons for this design was the concern regarding the sensitivity of some of the questions to be asked in the interview (e.g., could you tell me a time when you feel like your supervisors did not show you compassion when you need it?). The researcher chose the interview method to allow for open-ended questions and then following up with probing of interesting ideas and concepts. Another reason for the design of global questions and probing questions is the exploration of the interesting phenomenon in participants' answers. In global questions, the researcher uses open-ended questions to set the boundaries but also allows the participants to open up about their experiences (Rabionet, 2011). Thus, global questions were designed with the emphasis on participants' stories/experiences. In designing probing questions, the researcher primarily followed the aforementioned developed theoretical framework (Dutton et al., 2014). The probing questions in Appendix A are examples that indicate the type of probing undertaken by the researcher. On the other hand, the characteristics of the semi-structured interview require and allow a researcher to adapt towards the participants' responses (Fontana & Frey, 2005).

As shown in Appendix A, each global question asked participants about a scenario where the compassion interaction occurred. To obtain a comprehensive and in-depth view of compassion, scenarios, where compassion interactions faltered, were also considered and included in the design of some of the global questions. Through questioning the 'unsuccessful' experiences of compassion interactions, the researcher intended to explore the factors and aspects that negatively influenced compassion interactions between FLMs and employees. Moreover, at times, employees were asked to respond to questions such as "what would you do if you were in the FLM's position?". The purpose of such questions is to explore the employees' expectations of the FLM's compassionate responses. Exploring such expectation offers a new lens into employees' perception of the FLM's responses during that particular

encounter as well as their personal convictions and beliefs about how FLMs should respond compassionately.

The interviews took place over the course of four months during 2017 (see Appendix A). This timeframe allowed for adequate time to identify an appropriate sample, recruit participants, and conduct the interviews. Before the official interview, pilot interviews were conducted using an interview protocol with two participants to test the clarity of the interview questions. After the pilot testing interview phase, the researcher edited the interview questions based on the outcomes and drafted the final protocol to conduct the official interviews.

When collecting the data from the participants, the researcher spent five to 10 minutes prior to the start of each interview having a general conversation with the participants to establish a rapport with the interviewee. This was done based on the concern that the interviewers' presence could potentially influence the extent to which the participants were willing to share during the interactions. All interviews were audio recorded, transcribed, and uploaded to NVivo 12 (QSR, 2009). Two NVivo 12 files were created for analytical purposes, one for the hospital interviews and the other one for the hospitality interviews. A personal smart phone and professional recording device were used. All data and tracking were managed through Google Drive and backed up on a personal hard drive and Griffith Networks.

#### **4.4.4 Data Analysis.**

The content analysis method was used to analyse the transcribed interviews and collate the emerged themes to describe the phenomenon of compassion interaction between FLMs and employees. Interview transcripts followed the verbatim manner of the interview. NVivo (QSR, 2009) was then used to manage and analyse the transcripts. According to Fereday and Muir-Cochrane (2006), content analysis is a search for themes that emerge as being important to the description of the phenomenon. Central to the value of content analysis as a research methodology is the recognition of the importance of language in human perception (Duriau, Reger, & Pfarrer, 2007; Sapir, 1944).

As Hsieh and Shannon (2005) contended, "conventional content analysis is generally used with a study design whose aim is to describe a phenomenon" and "this type of design is usually appropriate when an existing theory or research literature on a phenomenon is limited" (p.1279). The analytical process of this study unfolded in the sequence of reading-coding-analysing (Hsieh & Shannon, 2005). The following paragraphs critically review the literature on content analysis. In doing so, several advantages and concerns about the method are reviewed to provide two levels of justification: firstly, the justification for choosing content

analysis as the analytical method for the study, and secondly, the justification for applying content analysis in the process of data analysis.

In general, multitudes of practical and empirical benefits have been widely accepted by researchers with the classes of content analysis methods in qualitative studies (Duriau et al., 2007; Hsieh & Shannon, 2005; Woodrum, 1984). First and foremost to management research, content analysis offers access to deep content, such as values, intentions, attitudes, and cognitions on the individual or collective level (Duriau et al., 2007). Secondly, content analysis allows analytical flexibility in terms of adapting to different research interests (Duriau et al., 2007; Hsieh & Shannon, 2005). For example, the manifest content of the text can be captured and revealed in several text statistics, such as “How many times did the word appears in the content?” or “How many different ways did the content describe the phenomenon?”. Alternatively, content analysis methods provide access to the deeper meaning embodied in the text if the researcher is interested in the latent content. Thirdly, content analysis is safe to utilise because the coding scheme can be corrected if flaws are detected as the study proceeds (Duriau et al., 2007; Woodrum, 1984). Lastly, content analysis can be used in conjunction with other methods for the purpose of triangulation (Kabanoff, 1997).

In comparison to other analytical methods, such as hermeneutics interpretation, content analysis is more flexible in rendering the rich meaning of the content of the data (Duriau et al., 2007). Hermeneutic interpretation of the data is driven by the hermeneutic phenomenological paradigm, which involves co-construction of the data with the participants as they engage in a hermeneutic circle of understanding (Laverly, 2003). According to Koch (1995), understanding of the phenomenon occurs through a fusion of prospects, which is an interaction between the pre-understanding of the research process, the interpretive framework, and the sources of information. In other words, hermeneutic interpretation emphasises the researchers’ immersing experiences when interacting with the participants in their elaborations of the lived experiences. Thus, hermeneutic interpretation requires the researcher to be immersed in the analytical process and appreciate what has been understood and learnt through writing the story and to try to present the whole story through its parts (Clarke, 1999).

One widely accepted concern of content analysis is failing to identify key categories from the content due to the naturalistic paradigm of trustworthiness or internal validity within a paradigm of reliability and validity (Guba & Lincoln, 1994; Hsieh & Shannon, 2005). Lincoln and Guba (1982) stated that the aim of trustworthiness in a qualitative inquiry is to support the argument that the inquiry’s findings are worth paying attention to. Nonetheless, content analysis was deemed the most appropriate data analysis method for this thesis because it offers

the opportunity to obtain deep level content and analytical safety and flexibility in the process of exploring gathered data.

#### ***4.4.4.1 Analysis and Results.***

To achieve a robust analytical outcome, the researcher sought to address the trustworthiness concern of the content analysis method by including the criteria of credibility, transferability, and authenticity (Guba & Lincoln, 2005; Tobin & Begley, 2004). *Credibility* (often comparable with internal validity) addresses the concerns of whether the explanation fits the description and whether the description is credible (Schwandt, 2001). *Transferability* (comparable with external validity) refers to the generalisability of inquiry (Schwandt, 2001). Lastly, *authenticity* is regarded as a feature unparalleled to the positivist's inquiry, which is demonstrated through researchers showing a range of different realities (fairness), with representations of their associated concerns, issues, and underlying values (Schwandt, 2001).

These commonly raised trustworthiness concerns were managed in this thesis using a pluralistic approach to postulate a means of legitimising naturalistic inquiry (Tobin & Begley, 2004). Although the debate within qualitative methodology on the place of the traditional concept of reliability and validity remain unsolved, generally speaking, qualitative methodologies do not make explicit use of the concept of 'inter-rater reliability' to establish the consistency of findings from an analysis conducted by two or more researchers (Armstrong, Gosling, Weinman, & Marteau, 1997; Barry, Britten, Barber, Bradley, & Stevenson, 1999). Tobin and Begley (2004) reinforced that the need for validation is perceived as stemming from a positivist origin. A counter argument was proposed earlier by Morse (1994), who stated that the use of an 'external rater' is more suited to quantitative research because expecting another researcher to have the same 'insights' from a limited database is unrealistic. In view of the concerns on both ends of the reliability debate, some of the suggested methods, such as multiple coding, have been integrated into this thesis to ensure the results include strong representations of the phenomenon.

Multiple coding responds to the often-concerned subjectivity issues in the process of qualitative data analysis (Armstrong et al., 1997; Barbour, 2001). Although multiple coding does not usually demand complete replication of results, it does involve the cross-checking of coding strategies and interpretation of data by independent researchers (Armstrong et al., 1997). Ultimately, the value is the content of disagreements and the insights that discussion can provide for refining coding frames. This method is supported by the reflexivity research approach (Barry et al., 1999). According to Barry et al. (1999), the goal of reflexivity in

qualitative inquiry is to reinforce critical reflection and examination and exploration of the research process from different positions. Normally, reflexivity refers to the individual activity, and the predominately suggested methods for attaining a reflexive stance include keeping reflexive diaries, including researchers' influences into field notes, recording analytic and methodological decisions in memos, and being reflexive about every decision (Mason, 2017). Therefore, to execute the multiple coding methods, the supervisory team (three members) were included when developing the coding templates and an external independent researcher coded one of the randomly selected interview transcripts using the developed coding templates.

Specifically, in the analytical stage of the research, the researcher firstly developed a coding template based on the theoretical framework of the extended version of the compassion interaction process model (Dutton, Workman, & Hardin, 2014), the research questions, and a brief review of the first transcript (see Appendix A). Post construction of the coding template, the supervisors were invited to critique and evaluate the coding framework. The coding framework consisted of three categories that included the categories of the codes (based on the theoretical framework), FLMs' perspectives (what the researcher could potentially determine from FLMs' responses), and employees' perspectives (what the researcher could potentially determine from employees' responses) (see Appendix A). Moreover, the coding framework provided detailed explanations of the codes to help the independent coder decide whether the interviewee's responses could be coded into that category. The process of developing the coding manual embraced the credibility and confirmability of the analytical process by constructing a robust guide for an independent researcher to interpret the data (Schwandt, 2001). The involvement of supervisors served as an independent critique of the coding manual, the result of which was that the supervisors confirmed the legitimacy of the coding framework and the clarity of the template. After coding the first four interview transcripts, an independent researcher was invited to code a randomly selected transcript from the first four interviews using the proposed coding framework.

#### ***4.4.4.2 Hybrid Approach to content Analysis.***

When conducting the content analysis, Fereday and Muir-Cochrane's (2006) hybrid content analysis approach was followed to ensure a robust outcome of the result. Specifically, a hybrid approach incorporated both the data-driven inductive approach of Boyatzis (1998) and the deductive approach outlined by Crabtree and Miller (1999). According to Boyatzis (1998), the importance of inductive coding is capturing the qualitative richness of the phenomenon through the encoding of the interview data. The process involves recognising important phrases and

words considered relevant to the proposed theoretical framework (Boyatzis, 1998). Contrary to the inductive approach, the template approach outlined by Crabtree and Miller (1999) uses a template in the form of codes to be applied as a means of managing text for subsequent interpretation. When developing the template, the supervisory team members and the researcher created the template (or coding framework) before commencing an in-depth analysis of the data. As discussed above, the coding framework was primarily based on the theoretical frameworks and the research questions outlined in the literature review chapter.

The inductive coding process and deductive coding process were conducted in that order, and the themes that emerged naturally in the inductive process were used in the analysis of the coded texts in the deductive process. For the inductive coding component, the researcher used short phrases and words to encode sentences and phrases from the interview transcripts considered to have great value to understand the phenomenon of compassion interaction. This process also involved reading, listening to, and summarising the raw data. The purpose of this procedure was to organically identify and emerge themes through summarising, understanding, and managing the raw data. According to Boyatzis (1998), the process of paraphrasing or summarising each piece of data enters information “into your unconscious, as well as consciously processing the information” (p.45).

Regarding the deductive coding component, the researcher entered the pre-developed coding framework into the NVivo 12 (QSR, 2009) as nodes and coded the text by matching the codes with segments of data selected as representative of the code. The segments of text were then sorted in the order of the coding framework categories. Analysis of the text at this stage was guided by, but not confined to, the coding framework. During the coding of transcripts, inductive codes were assigned to segments of data that described a new theme observed in the text (Boyatzis, 1998). These additional codes were either separate from the predetermined codes or they expanded a code from the manual.

#### ***4.4.4.3 Summary of Analysis Method.***

In summary, content analysis was used to analyse the gathered data. Specifically, once all interview transcripts were entered into the qualitative data analysis package, NVivo 12 (QSR, 2009), the interview transcripts were given classifications based on each participant, and attributes were added to each one, such as the organisation and unit they belonged to and demographic details. This enabled comparisons at a later date or the ability to extract data for one group. Next, a hybrid approach was utilised in the content analysis, the transcripts were firstly open coded into ideas and concepts that were relevant to the theoretical framework,

referred to as ‘nodes’ in NVivo. Using this open coding approach was time-consuming, requiring every line of text to be coded and the ascription of multiple codes to these coded sections. This also resulted in a voluminous amount of codes, which was useful for retrieving specific quotes during the writing up stage, but not particularly helpful for generating key concepts or theories (in NVivo 12, these are referred to as ‘child nodes’). Secondly, the researcher used a deductive coding method, where the researcher used a coding framework (see Appendix 12) to analyse the transcripts and categorise participants’ answers for subsequent interpretation.

The next stage involved comparing the results of inductive and deductive coding process and organising the codes into more substantial themes. For example, several quotes were labelled as “lack of financial resources provided by the organisation” and “require more time from the senior management”. After comparing and contrasting the results of the inductive and deductive coding process, these were put under “available resources”. This process was time consuming but increased the credibility and authenticity of the findings. During this stage, the supervisors’ deductive coding results were also incorporated to help organise the codes.

#### **4.5 Limitations of the Research Methods**

The ability to yield trustworthy results from a case study approach was discussed in this chapter and it was argued that the findings could be transferred to organisations from similar populations on the basis of empirical transferability (Elo et al., 2014). However, this does need to be tempered with some conservatism, as the sample size was small; that is, two organisations, which may restrict generalisation of the findings (Yin, 2009). However, Yin (2013) argued that the strength of the case study method is its ability to allow a close-up in-depth investigation of the phenomenon of interest, which can be diluted by having too many cases. Therefore, it is believed that having two case studies was optimal for this study. To improve the theoretical trustworthiness of the findings, Yin (2013) suggested connecting the theory to the extant literature or using the theory to help explain the gaps and weaknesses in the literature.

Despite that employees’ answers are collected and analysed, another potential limitation of the research method in this thesis is that the analysis primarily focused on FLMs’ side of their experiences. Although this is justified on the basis of needing to narrow down the research questions where the proposed framework is introduced, the one-sided nature of the

data analysis will be considered as one of the limitations and thus warrant future research to explore the phenomenon more on the interpersonal level.

#### **4.6 Summary**

This chapter outlined the research paradigm, design, procedure, methods, and analysis techniques, along with a consideration of the limitations of the chosen methods. It was argued that this thesis falls within the interpretivist philosophical paradigm and qualitative methodology. According to the discussion above, a qualitative methodology was deemed the most suitable to explore and understand the phenomenon of compassion interactions between FLMs and employees. Moreover, due to the purpose and interest of the research questions, this thesis uses a single case with embedded units, where two organisations were selected and investigated through the same sets of global questions and similar probing questions (Baxter & Jack, 2008). Chapter 5 presents the results from the Mantra Hotel Group and Gold Coast University Hospital, incorporating the preliminary analysis. Chapter 6 presents a comparative analysis of the two organisations to yield a more in-depth analysis, followed by a discussion on how they relate to the phenomenon of interest. Chapter 7 discusses how those findings contribute to theory and practice, and future directions for research are also identified, some of which were generated based on the limitations of the methodology.

## Chapter 5. Results

### 5.1 Introduction

This chapter presents the findings from the Mantra Hotel Group and Gold Coast University Hospital, where FLMs' compassionate responses are influential to the employees' wellbeing because the work at both organisations is considered emotional labour and the working environment of both organisations is fast-paced. Thus, employees were deemed likely to experience accumulated stress at their workplaces. The following sections present the emerged themes in the interviews from both organisations and the quotes of interviewees' responses will be presented in each theme. The presentation of results starts with Mantra Hotel Group, followed by Gold Coast University Hospital. This chapter concludes with a comparative summary of the results from both organisations' interviews.

### 5.2 The Mantra Hotel Group

The Mantra Hotel Group is a leading Australian accommodation organisation that has a centralised low-cost group operating model operator. An integral part of Mantra Hotel Group's operational management is ensuring employee performance by encouraging supervisors and team leaders to provide timely support to employees. Supervisors and team leaders are expected to support employees when dealing with difficult situations. In addition, supervisors and team leaders are responsible for monitoring employees' well-being. In view of the organisational culture, the interviews were conducted to explore the nuanced aspects of compassionate interactions in the organisation and the results reflect that purpose.

#### *RQ 1. How do FLMs notice their employees' suffering?*

##### 5.2.1 Noticing.

The goal of this research question is to understand and explore the approaches that FLMs use to notice employee suffering. Way and Tracy's (2012) study of compassion in the context of hospice workers suggests that recognising another's suffering sometimes involves intuition, active listening, and seeking out information to understand the other's situation or condition. The following sections present FLMs' perceptions and experiences about noticing employee suffering, as well as employees' expectations and thoughts on the same subject.

Table 5.1 provides an overview of the number of participants that mentioned each theme during the interviews and the number of times that the themes appeared in the

participants' responses. In general, *actively listening* was the most commonly mentioned approach that FLMs used when noticing employee suffering. In addition, FLMs often mentioned that they perceived their employees' emotional expressions when they discussed responding to their employees with compassion.

Table 5.1

*Noticing*

Sub Themes	No. of participants who mentioned the theme (n=14)	Combined no. of times theme was mentioned in interviews
Active Listening	7 (4F, 3E)	13
Perceive Employees' Emotional Expressions	6 (4F, 2E)	10
Understand Employees' Emotional Expressions	4 (4F)	7

**5.2.1.1 Active Listening.**

Another theme that emerged from the interviewees' responses was *actively seeking more information*. When asked about their experiences noticing employee suffering, four FLMs mentioned that they actively asked for more information to understand their employee's situation.

*I'm big on here; if I see something that doesn't quite look right, I'll either enquire or find someone who can enquire on my behalf as to what might be wrong. But yeah, compassion is just wanting to help, I think. It's actually wanting to identify something and do something about it. (FLM 6)*

*So, offer EAP [a form of workplace counselling] if they need it, obviously, have a conversation with them and find out what's actually going on, whether it's work or whether it's actually home. Find out what they need. (FLM 3)*

Some employees also indicated that they had been approached by their FLMs when they were

suffering. In other words, the FLMs actively sought information about the situation.

*Yeah definitely—or quite often when I’ve had a high email count, they’ll (FLMs) make sure they come over and say, “Is everything all right? Do you need any help?”. And that’s when I’d go, “Oh yes” or “No”, and if I do need help they’ll either let me go off the phones for a bit just to help me catch up or they’ll get someone else to jump into my inbox. (Employee 4)*

#### **5.2.1.2 Perceive Employees’ Emotional Expressions.**

When asked about their experiences noticing employee suffering, one of the most commonly emerged themes in FLMs’ responses was *perceive employees’ emotional expressions*. Some FLMs’ answers indicated that they noticed their employees’ suffering through observing their body language and emotional expressions. For instance:

*I (as FLM) think in the first couple of months people would cry in this department, you know, almost daily or weekly, so I’d always see an outward expression of sadness or disappointment. (FLM 6)*

*It’s just really, just observing people and the way they are, the way they treat other people as well. If we have some new people and they want to – they help, they go out of their way to help them as well and things. That they really are listening. (FLM 7)*

Some employees also shared their experiences that their FLMs noticed their emotions through utilising the FLMs’ emotional intelligence abilities. As it can be seen from the quotes below that the manager suggests the employee to regulate their emotions after hearing what they have been through. This indicates that the FLM firstly notices the negativities in the employee’s emotional expression and suggest the employee to regulate their negative emotions to prevent emotional eruption.

*I think it’s just a matter of breathing and being able to be open to your managers. “This is what I’m going through right now” and they’re really open, “Take five minutes, take 10 minutes, whatever you need”. Because obviously if I find that if they don’t it’s only going to be negative, cause you’re probably going to yell at someone the next phone call. (Employee 1)*

#### **5.2.1.3 Understand Employees’ Emotional Expressions.**

Another emerged theme in the FLMs’ responses that showed that FLMs used their emotional

intelligence abilities to take notice of employees' emotions was *understand employees' emotional expressions*. A couple of FLMs' answers indicated that they understood employees' emotional expressions when they noticed their suffering. For instance:

*One, recently one of the ladies on the floor, she's really, like, on the, she's on the ball every time in terms of, she's ready to go on the phone, she's really helpful. She always goes above and beyond... but this day she just sort of, sort of went past us without really acknowledging anybody and just sat down, and then so throughout the day, I could notice the change in the way that she, I couldn't hear her on the phones. Usually, you can hear her cause she's going, "Yeah, no problem, that's fine, I'll help you", and this particular day she didn't. (FLM 1)*

*I (as FLM) had one recently with one of our consultants who was in a violent relationship, and she got to the stage where she would just sit on the floor and cry, she was a totally different person. She was not happy, she was scared, she was paranoid that he would come here. (FLM 2)*

**RQ2. How do FLMs appraise interaction characteristics when they encounter employee suffering?**

**5.2.2 First Appraisal.**

The purpose of this research question was to explore FLMs' thought processes after encountering employee suffering. As discussed in Chapter 3, first appraisal concerns the FLMs' judgment and decision making regarding whether to respond with compassion actions. The three main themes included *thinking about whether the employee deserves a compassionate response*, *thinking about whether the FLM can relate to the employee's situation*, and *thinking about whether the employee's suffering is severe enough* emerged from participants' responses.

Table 5.2  
*First Appraisal*

Sub Themes	No. of participants who mentioned the theme (n=14)	Combined no. of times the theme was mentioned in interviews
Whether the FLM can relate to the employee's situation	7 (7F)	32
Whether the employee deserves a compassionate response	7 (7F)	26

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The above table provides an overview of the number of participants that mentioned each theme during the interviews and the number of times that the themes appeared in the participants' responses. In general, *thinking about whether FLMs themselves could relate to the employee's situation* was the most commonly mentioned thought when encountering employee suffering. The second most commonly mentioned thought was *thinking whether the employee deserves a compassionate response*.

#### ***5.2.2.1 Whether the FLM can relate to the employee's situation.***

When asked about their thought process after encountering an employee suffering, most of the FLMs' responses mentioned that they thought about relating to the employee's feelings or situation. As an example, one of the FLMs mentioned that she reflected on her personal life when encounter the employee's suffering. This is a clear demonstration of FLM trying to relate to the employee's situation.

*And when I found out, I was quite upset, because then I reflect on my own life and I think what if that was me? What if I came home and what if I woke up in the morning and my husband was passed away in the bed next to me? What would I do? So, it made me quite physically upset, as I cried about it, but I didn't want to go in to talk to her being emotional, because I wanted her to know that I was strong and that I was here for her. (FLM 5)*

A few employees mentioned thoughts of relating to other employees when answering the question 'If you were a FLM, what would be your thoughts when encountering another employee's suffering?'

*Everyone has different ways of showing it. Be open, I guess. I don't know how to pinpoint how I would show it. It would be dependent on each person, so if someone was quite shy, I wouldn't expect them to stand in front of the office and speak about something, because it's showing no compassion of what they're going through. (Employee 5)*

*I'd find more compassion having a few other new people because I'm able to like—I know where they came from, I was able to—you know, I've been in that position before,*

*so definitely... I've been able to, I guess, grow my compassion because I know how overwhelming it can be, I can know that there's so much to take in. (Employee 4)*

#### **5.2.2.2 Whether the employee deserves a compassionate response.**

The participants general thought process after encountering employee suffering, whether the person deserved compassion emerged from some FLMs' responses. It is clear in some of FLMs' responses that they evaluated the situation, as well as the person who was involved in the situation with the criteria of deservedness.

*I sound horrible saying this. I'm not as sympathetic with some stuff, as well. I know people get sick, and that's, you know, can't help that. But there are a few people that, every second day, have got a headache, I've got the flu, and it's "I've got...my hand hurts". Like, some stuff, and I'm just kind of like, "Well, I'm not your mother". Whereas my manager would be more sympathetic towards those things. (FLM 4)*

*I guess for me, not to say that people can just cry, but anybody can cry and say that they need something from me, right? And it's the ability then to judge whether I think that they're being legitimate or not legitimate, and because I've seen her past behaviour and the way she acts when she's happy and when she's got her things together, and then when she may not be so happy, I can kind of judge, I guess, that, and then I can see if she, how she's acting. (FLM 5)*

*And whilst, to be honest, and transparent with you, she was not the role model employee that some of the guys out there are, and I think a little bit of the trouble she brought on herself, but no one needs to feel that way, regardless. (FLM 6)*

One of the employees also mentioned her thoughts when she put herself in the FLM's position. The response also indicates that the thought process when encountering someone's suffering involves thinking about whether the employee deserves a compassionate response.

*Sometimes it would be instinct absolutely, but if it's a case of someone who's new, then you should know that it's going to take a little longer, you should have a bit more patience and if it is a mistake, like, and someone who's been working here for six months, yeah, okay, maybe you're angry, a little angry if they've done the wrong thing, but she didn't know, like, there's no way she could have known. (Employee 2)*

#### **5.2.2.3 Whether the employee's suffering is severe enough.**

When asked about their thought process after encountering employee suffering, many FLMs

responded that they thought about the level of the severity of the situation.

*Trying to decipher what they're asking help for. [Be]cause sometimes it could just be as easy as the guest ultimately wants a payment extension, but they'll come to you with a story backed onto that. All they wanted was a payment extension, but they're trying to find a way to, I think that's the most challenging thing. (FLM 1)*

*"We're at work, there's no crying here". That's my immediate reaction, is, "We're at work, it can't be that bad". Then, once I probably pushed that to one side, it was probably a bit of sadness that someone is being subjected to this in the workplace. (FLM 6)*

### **5.2.3 Second Appraisal.**

As discussed in the chapter, the second appraisal differs from the first appraisal and focuses on the subsequent thought process after feeling empathic concern for the sufferer. Two themes: *Emotion-Focused Coping* and *the Problem-Focused Coping* emerged from the interviewees' responses. The most common theme was Emotion-Focused Coping.

Table 5.3  
*Second Appraisal*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Emotion-Focused Coping	5(5F)	11
Problem-Focused Coping	5(5F)	10
The likelihood of the reoccurrence of the same event	2(2F)	3

#### **5.2.3.1 Emotion-Focused Coping.**

Some FLMs mentioned that they focused on coping with the experienced emotions after encounter employees' suffering in general. In specific, some of the FLMs shared that they restrain themselves from engaging with their emotional experiences by normalising the situation in their mind.

*Honestly, I don't really...I don't really take stuff to heart. So, you know, there has been a girl in the team, she kind of had a few issues with me, and I don't take it to heart... (FLM 4)*

*Oh, I don't really take those sorts of things personally, because I know that sometimes that's just how people are and that's just the type of person she is anyway, she just sorts of puts her guard up. She's real defensive as well. (FLM 1)*

Some FLMs also shared stories about interacting with their employees. Through their responses, it is evident that they had thoughts about coping with the experienced emotions during or after the encounter. In FLM 6's response, the phrase "*put the wall up*" indicates that FLM 6 emotionally disengaged from the situation in order to prevent further emotional investment. Such disengagement or shut down implies that FLM 6 was trying to cope with the experienced emotions.

FLM 2's response subtly indicated that the FLM intends to cope with the situation. the FLM stated that "*I would not want it to be my conscience if something did happen to her*". This suggests that FLM 2 attempted to prevent themselves from being hurt in the near future, possibly after the interaction is over. The phrase shows that the FLM 2 is anticipating that the current encounter will become a stimulus for negative emotions in the future, therefore the FLM 2 wanted to respond compassionately towards the employee so that they would not experience the negative emotions in the future.

*I started to push it back, so I would say, "Look, if you have an issue, you need to speak to your supervisor or you need to speak to the person." And I probably made a rod for my own back by hearing from so many people, that eventually I just can't continue, I'm going to have to put the wall up and say, "Look, you have supervisors, they're the people you need to deal with." (FLM 6)*

*I think that I would not want it to be on my conscience if something did happen to her, knowing that I knew. (FLM 2)*

#### **5.2.3.2 Problem-Focused Coping.**

Another emerged theme in FLMs' responses regarding their thought process after encountering employees' suffering is *to solve the problems in order to cope with the encountered situation.*

Through the FLMs' responses, it is evident that they evaluated their capabilities to help the situation before responding with action.

*Does that make sense, whereas, they (as employees) come to me (as FLM) with a whole back story of, "oh the guest tried to check in but they forgot their card but they", "well how can we help them, have you got a solution trying to get them to think of a solution before they come to us so that, it makes it easier. (FLM 1)*

*I'm like, okay, alright now, let's see what we can do. And then realistically we will work out the steps, the way that can fix it. So, I guess it's just something learnt over time really. Just the way to deal with – because of the way you sound, the way your tone, your body language, everything can affect the situation. (FLM 7)*

#### 5.2.4 Other Thoughts.

**Table 5.4**

<i>Other Thoughts</i>		
Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Potential consequences of the encounter	6 (6F)	15

FLMs' thoughts on *possible consequences of the interaction* was also emerged in their interviews. In total, six interviewees mentioned that they thought about the potential consequences of the encountered situation. In general, the commonly mentioned thoughts in this category is thinking about the possible consequences of the interaction.

Some FLMs have mentioned that they thought about the possible consequences of the interaction after encountering their employees' suffering.

*Well the consequences for that action, if I do this what outcome will I have? If there is no consequence, I can't see why I would say no to something. If there is a consequence, weigh up the consequence. If I do this it's not really going to be much fall out of this, however, if I do do this and this other person has asked me for leave what is the consequence of that action? (FLM 3)*

*So, I draw the line at, I suppose at their crappy, I don't know, it's hard to explain because every one of them is different, so they all have their own different personalities, and everybody responds differently to us. So, I try and make sure that whatever I do, it's going to please me, it's going to please them, it's going to be good for the company. (FLM 2)*

**RQ3. What emotions do FLMs feel when they encounter employee suffering?**

**5.2.5 Experienced Emotions.**

As discussed in chapter 3, experienced emotions refer to the various types of emotions that FLMs experience after encountering employees' suffering. There are three main emotions appeared in interviewees' responses, love, anger and fear.

Table 5.5  
*Experienced Emotions*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Love	3 (3F)	6
Anger	2 (2F)	5
Fear	3 (3F)	4

**5.2.5.1 Love.**

A couple of FLMs mentioned that they experienced the love emotion after encounter an employee's suffering.

*I felt terrible. I felt terrible that she was in the situation that she was in, and she was extremely heartbroken and she was lost, and I didn't know how to understand it because I'd never been through it, but I wanted to show her that I cared enough, that I didn't understand it but that I was here should she need me. (FLM 5)*

*I felt really sorry for her to be honest and I felt like I could try to help her but because it's outside of work they don't really tend to tell you much more than enough to get them through the day, but I was okay. (FLM 1)*

#### **5.2.5.2 Anger.**

A couple of FLMs mentioned that they experience emotions that can be perceived as frustration when encountering employees' suffering on several occasions.

*Oh, sometimes it can be hurtful because they make up stuff that's not true, and it's just like, just because they, I don't know why, but they just want to, maybe just want to be heard or something, or just to start trouble. (FLM 7)*

*Sometimes it's a little bit frustrating because the majority of the time it's for the same reason (FLM 2)*

#### **5.2.5.3 Fear.**

Another emerged theme from interviewees' responses regarding their emotional experiences after encountering someone's suffering is Fear. One FLM expressed that they would feel overwhelmed by the situation when they encountered an employees' suffering.

*She wasn't taking that on board, I don't think she thought it was genuine because a friend wouldn't do that to you. That was very difficult for me. (FLM 3)*

*And then HR ended up, we spoke to HR and they advised that they could help with that, so we did, and we gave her some time off to get organised and helped her with referrals so she could get into a new company, so she could leave. So, it was a stressful three weeks of that dealing with that on and off, but we got through it in the end. (FLM 2)*

### **RQ4. How do FLMs exemplify compassion?**

#### **5.2.6 Non-verbal Cues.**

FLMs' non-verbal cues influence the exemplification of compassion. The emerged themes included non-verbal cues such as *body code cues*, *sensory and contact cues*, and *spatiotemporal cues*. The responses were from both employees and FLMs (Bonaccio et al., 2016). During interviews, employees shared their observations of their FLMs' non-verbal cues and FLMs described their non-verbal cues when responding to employee suffering. In general, the spatiotemporal non-verbal cues were mentioned in most of the interviews (six FLMs, four employees). In particular, the use of the environment was the most common cue observed by

employees or described by FLMs. Both sensory and contact cues (two FLMs, three employees) and kinesic cues (two FLMs, three employees) were mentioned a similar amount of times by the participants.

Table 5.6  
*The Non-verbal Aspects of  
Compassion Action*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Spatiotemporal cues	10	15
1. Chronemics	1 (1E)	1
2. Environment	9 (6F, 3E)	13
3. Proxemics	1 (1E)	1
Sensory and contact cues	5	10
1. Oculesics	2 (2F)	2
2. Vocalic	3 (3E)	8
Body Code cues	5	13
1. Kinesics	5 (2F, 3E)	13

#### **5.2.6.1 Kinesics Non-verbal Cues.**

In some FLMs' responses of describing their compassionate responses to the employee's suffering, the theme kinesics emerged. In their responses, the FLMs demonstrated an awareness of the body gesture they display during the interaction.

*Body language is everything, you know, it's eye contact, it's leaning in, it's being open, it's intently listened. (FLM 6)*

*If I'm on the phone or something I'll be like, I'm just on the phone, like point to the phone, but, no, oh okay, be like maybe sort of give them a signal or just that "hang on, it'll be great". (FLM 7)*

One of the employees described their observations of the FLMs' kinesics non-verbal cues during a compassionate interaction, which reinforces that kinesics potentially influences compassion interaction between FLMs and employees.

*You can kind of see because they're (FLMs) not looking at you, their head's down or they're busy. You can obviously see that they are. (Employee 5)*

*I think for the manager themselves, they have said to me that they may come across this way, and they do apologise, and they've said that at the start, when I first started working, and they said, "I'm aware and I'm trying my best to ... sometimes I get in my zone and I don't realise that I may be affecting it in this way." So I think that they're aware and they're trying to make it nicer on the outside, but they're generally one of those people that don't look very happy all the time but may be happy. (Employee 5)*

Some employees mentioned that they'd be aware of their body gestures when answered the question of 'How would you exemplify compassion if you were a FLM?'

*If they have interrupted you in the middle of something you know try not to show that to them because you know you are the manager like regardless of if you are busy, because if we do have a question we're just told to go straight up to someone and ask them, like our shift supervisor or our team leader. So not acting like we're annoying them or they're in the middle of something and just kind of giving us that time when we ask for it, yeah and just being friendly. (Employee 2)*

*Yeah, if I am a supervisor, I would be like excited and friendly, and happy, and chatty [to be compassionate]. (Employee 1)*

#### **5.2.6.2 Sensory and Contact Non-verbal Cues.**

When asked about their experiences with compassionate actions, several FLMs described their compassionate action and mentioned that they displayed sensory and contact non-verbal cues. Several employees mentioned that they noticed FLMs' vocalic non-verbal cues.

*One of the new staff had been there may be like a month and it takes a while obviously to pick something up in a new role and so she (FLM) had asked one of the new staff to do something and she comes back and said, "Oh why did you do it this way when I told you to do that?" And then the employee started to communicate how she got confused and saying, "Oh ... " You know it was a simple confusion on her behalf, but the team*

*leader just was so rude, was like, “Well that’s not what I asked you to do, like why didn’t you just do what I said?” (Employee 2)*

*Yeah, with the response, like they’ll (FLM) be like, “Oh, just do this then”, or like just give me a quick option and then they won’t follow it up or anything and they would just be like, “Do this” and then I’ll do it. Or we still have a little, like not understanding fully exactly what I was meant to be doing, but just doing it quickly and, I don’t know, it’s just a little bit of a brush off, but that rarely happens. (Employee 3)*

*I have seen that sometimes it would be the words that they’re (FLMs) choosing to use or how they’re going about something that has affected other people.. (Employee 5)*

A couple of FLMs mentioned oculesics (eye contact) cues in their responses. In their responses, the FLMs demonstrated a clear awareness of using oculesic cues to exemplify compassion during an interaction.

*Making sure that they know that you have their undivided attention, you know, as opposed to being on my phone or [Laughs] drifting off looking at the walls. People read body language all the time. I think every, you say so much with the way you hold yourself and eye contact is just critical. (FLM 6)*

*I always make sure that I stop what I’m doing and talk to them because there’s nothing worse than someone who isn’t actually looking at you, who just goes away and does their own thing because they’re not listening to you (FLM 3).*

#### **5.2.6.4 Spatiotemporal Cues.**

When asked about their experiences with compassionate action, the majority of FLMs mentioned that they used environmental cues (e.g., private meeting room, the distance between the interacted parties) to exemplify compassion when they want to respond to some employees’ situation.

*Yeah, so I thought maybe she just needed a moment to collect herself, so I just asked her maybe to come up here, she can come into this room, go downstairs and go for a walk around the beach if she wanted to. But we usually just try and get them out of the office if that is something that is stressing them out. (FLM 2)*

*So, I took them off to one of the meeting rooms and, yeah, the young lady started to tell me what had happened and then became really visibly upset and proceeded to tell me that two people had been communicating via a chat, we have a chat within our phone system (FLM 6)*

Some employees also described their experiences of receiving compassionate actions from FLMs that involve environmental non-verbal codes. These cues were extracted from the responses where the employee perceives the FLM's response as compassion.

*I just, we came out to the kitchen, I was like, "So just letting you know this is the situation with my grandmother at the moment, this is how I'm involved in the situation. I'm currently, like anything could happen between now and the next few months. If it does this is what I will do if that occurs, as I'll just be leaving the office straight away." And then she just yeah said that was fine if I needed anything else to let her know and yeah that was about the conversation. It wasn't very long (length of FLM's response). (Employee 2)*

*I would probably try and be more personable with the employees, like go around and talk to them instead of sitting in my desk and just ask them how they are or walking around seeing how their day is, being more personable. (Employee 1)*

### **5.2.7 Social Support Actions.**

As discussed in Chapter 3, supportive actions are the main components of compassion actions. The emerged themes included the types of support, such as *appraisal support*, *emotional support*, *informational support*, *instrumental support*, and *other actions*. Tardy (1985) defined emotional support as the provision of affect by showing concern or listening; informational support as the provision of information or advice; instrumental support as the provision of active help with regards to labour or time; and appraisal support as the provision of information relevant to help the receiver to self-evaluate (Lawrence et al., 2007). These themes were mentioned by participants during the interviews. FLMs described their choice of actions when responding to employee suffering. Employees, speaking from the receiving end of the response, described their experiences and perceptions of the actions they considered compassion. As mentioned in Table 5.7, the most frequent theme was *instrumental support*, where FLMs

provided practical help to the employees to resolve their situation (six employees, six FLMs). The second most frequent theme was *emotional support*, where FLMs gave sufficient information to the employees to resolve the situation themselves (four employees, six FLMs). The third most frequent theme was *informational support*, where FLMs responded to employee suffering with emotional comfort (five employees, four FLMs).

Table 5.7  
*Supportive Actions that Exemplify  
Compassion*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Instrumental Support	12 (6F, 6E)	40
Emotional Support	12 (7F, 5E)	57
Informational Support	10 (5F, 5E)	18
Appraisal Support	2 (1F, 1E)	3
Other Actions		
1. Advocating and protect the employee	6 (2F, 4E)	13

#### **5.2.7.1 Instrumental Support.**

The theme of instrumental support emerged from a number of FLMs' responses when describing their compassionate responses to employees.

*So I let her know that I would see what I could do, if I could get her an advance on her pay, and in the end I just made the decision that I would take some money out of the petty cash tin, would be okay with the general manager, and we lent her \$100 internally and she repaid that back three days later. (FLM 5)*

*If they usually come to us upset and they're saying, you know, "he's just really angry, he's just really angry, he doesn't want to talk to me", we would usually just take the call so I would hop on the call and just explain then in a way. (FLM 1)*

*Well like just this morning, one of the consultants who she's new in the corporate area, but she's been with the company for a while. She's an older woman and she needed help. She went to give me a phone call, pass on, I've got an inquiry. And I'm like, well did you want me to come and help you, and I'll show you? She's like, oh okay, I didn't know. So, while she was on – she took the phone call and I kind of guided her through it. (FLM 7)*

The theme of instrumental support also emerged from several employees' responses. These employees shared their experiences in receiving compassionate responses from their supervisors.

*Well personally like I know my grandmother is sick so with my team leader I have my phone on me all the time so she lets me have that because we're not supposed to obviously use personal phone at work so she lets me have my phone next to my desk and she understands if I ever have to go out to take a phone call. My supervisor lets me do that or if I have to leave suddenly because something's happened I can go do that as well... (Employee 2)*

*To give me helpful ways on how to deal with an issue. And then also if for some reason the call escalated and there's no way I can continue with it, they (FLMs) will step in, which they usually do. (Employee 3)*

#### **5.2.7.2 Emotional Support.**

When asked about their actions in response to employee suffering, the theme of emotional support emerged from a number of FLMs' responses (four FLMs). In their responses, the FLMs showed employees emotional support by listening to their feelings and attending to their emotional needs.

*Yeah, so she came over to my desk and she let me know that she was embarrassed to tell me and that she felt guilty for asking for money, and I just wanted her to understand that she shouldn't be embarrassed and she shouldn't feel guilty, and she shouldn't feel any other way for asking me, and that I completely understand, and that I'll do everything that I can, obviously make her no promises. (FLM 5)*

*So, we also have a consultant who's quite new, and she's only been here about six months, and it's her first ever customer service phone role, so it took a lot for her to learn customer service over the phone. It was a bit of a struggle. Whenever she gets a disgruntled guest she gets very upset. Like it's the end of the world, and that it's all her fault, and I have to try and talk her down from the ledge pretty much, so she can understand that it isn't her that they're upset with. (FLM 2)*

The theme of emotional support also emerged from some employees' responses (five employees).

*I would be wanting to do that as well, like just trying to help when there's an issue and make an approval where it's necessary so that we can resolve an issue with the guest and so next time we won't have the same issue. I guess being able to listen to people and make the time for people if they have an issue or want to set up a meeting with you. (Employee 6)*

*You can see that someone's listening to you and that there is that compassion. That's how I saw it. Because you would see the difference between talking to your manager or supervisor and then what happens after it. (Employee 5)*

### **5.2.7.3 Informational Support**

When asked about their actions in response to employee suffering, the theme of informational support emerged from several FLMs' responses (three FLMs). In their responses, the FLMs provided information to their employees to help them alleviate the challenging situation.

*You know, it's not...if they [refer to their customers] have to pay a certain amount, it's not her fault. She's doing her job, and I always remind her, you're doing your job. You don't...she doesn't set the rules. It's not...she's just doing her job, and yeah...I just straight out say to her, don't...don't let it affect your work or anything like that. (FLM 4)*

*But if they're [employees] just coming to me, "oh he's angry", half the time they come to you because the person's angry so they're trying to find a quick fix, whereas, I'm*

*saying, you need to learn how to, not push back in a way that it makes them angry but just try ... turn it around, whereas, [for example] 'the credit is a positive cause you're not completely losing all of your funds' but just try to find a better answer than, 'he's just angry', 'he wants a refund'. (FLM 1)*

In addition, some employees shared their experiences of receiving FLMs' informational support as a form of compassionate responses (six Employees).

*Yeah, I talked to a supervisor, and she's like, "Look, just call the hotel again and just see if we can do anything for him", which I did, and we were able to solve it. And then she just asked me afterwards, "How did it go" and she like followed up with me. (Employee 3)*

*There wasn't any other consequences. I didn't get in trouble. She (as FLM) was just pointing out, "You need to be more careful and fix this up." (Employee 1)*

#### **5.2.7.4 Appraisal Support.**

One of the FLMs mentioned the use of appraisal support to show compassion to employees. In addition, one of the employees' responses also indicated that they received appraisal support from their FLM.

*No, we try and deal with the situation first. And then at the end, she [refer to the FLM] will just have a little bit of a de-brief at the end. Yeah, if I just wanted to vent or something. Yeah, she'll be there, like we vent about it. But no, it's all good, she just makes sure, like, after the call, she always checks to see if it's okay, everything's all good, things like that. (Employee 3)*

In addition, an FLM also shared the experience of giving appraisal support as a form of compassionate responses.

*So, I...so yeah, I want them to know I always support them, and everything like that, but I...yeah, as far as kind of, oh, this is what you did, you know. I'll just tell them exactly what's happened, and then how we can move forward with that. (FLM 4)*

## 5.2.8 Other Aspects of Compassion Actions.

Table 5.8  
*Other Aspects of Compassion  
Action*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Transparency in the interaction	2 (2F)	3

### 5.2.8.1 Transparency in the interaction.

Some FLMs mentioned that an important aspect of compassionate action is the transparency of their responses. One of the FLMs mentioned that it was important to keep all communication and information transparent with the employees to convey compassion because compassion needs to be built on mutual trust between FLMs and employees.

*So rather than them guessing or them having to come to me all the time, I want to keep most of everything that I know fairly transparent, besides things that I can't, and make sure that they're [employees] in the loop with everything that's going on, even if it's just getting off the ground, just to let them know, keep them in the loop with everything. (FLM 5)*

*I think if you have a team where one person gets favourite shifts, or one person just gets the easy tasks or just things like that, that's when negativity breeds because then people start talking and they're like, "She gets all the nice stuff, rah, rah, rah," starts absolute... So, helping each other out, it also empowers them so that, "Oh I know something, this is really good let's share this information." (FLM 3)*

**RQ5. What contextual factors influence the FLM compassion process?**

### 5.2.9 Contextual Factors.

As discussed in Chapter 3, contextual factors potentially influence compassion interactions between FLMs and employees (Dutton et al., 2014). The analysis explored different types of contextual factors that potentially influence compassion interactions between FLMs and

employees. The codes/themes were generated from the interview responses regarding their experiences of compassion interaction at work. Two of the most frequently mentioned contextual factors were *organisational responsibilities* and *individual differences*. In other words, these two contextual factors potentially had more influence on Mantra Reservation FLMs and employees than other factors.

Table 5.9  
*Contextual Factors that Influence Compassion Interaction*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Relationship Quality	11 (7F, 4E)	32
Organisational Culture	9 (5F, 4E)	19
Individual Differences	7 (5F, 2E)	20
Job Responsibilities	6 (6F)	15
Power Dynamics	5 (3F, 2E)	9
Organisational Practice	7(4F, 3E)	7
Other Factors		
1. Organisational Change	5 (5F)	5
2. Available Resources	6 (3F, 3E)	13

#### **5.2.9.1 Relationship Quality.**

When asked about their experiences of compassion interactions, the contextual factor of relationship quality emerged most frequently from participants' responses (seven FLMs, four employees). This theme indicates that compassion interactions between FLMs and employees are potentially influenced by the relationship quality between FLMs and employees. The quality of the relationship comprises the length of the relationship and the level of rapport of the relationship.

*I think I'm sometimes a little bit too emotional, and I'm very much for the people kind of person, which sometimes doesn't work in my favour. But for me, I probably would have given her the money out of my own pocket. I've known this particular team member for quite a long time and I understand her challenges, and I understand her transition from full-time back to casual, and then back again. And I felt like she came to me because she needed me, and I was more than happy to give her what she needed. (FLM 5)*

*I'd come from managing one person, and that person and I had a very good relationship. And I'd seen her upset, you know, she'd had some personal things to deal with, but we had a very strong friendship and I think that's a lot easier to deal with when you know the person. (FLM 6)*

Some employees also shared their general perspective on the potential influences of the workplace relationship quality on the compassion interaction with their FLMs.

*I think there is definitely like a kind of power with the management team almost because the people who do it it's like a, this tight clique little friendship and like even before she was our manager we had the operations manager as our team leader and they would come, like they would come over to her desk because they're all friends and start talking and if you're sitting near them you can openly hear them like talking about other employees sometimes and yeah it was just, it wasn't very nice. (Employee 2)*

*it's just one on one, you don't feel like everyone else is listening in, so that one on one aspect really helps in regards to being able to—you know, you feel more comfortable being able to have that one on one relationship (Employee 4)*

#### **5.2.9.2 Organisational Culture.**

The organisational culture theme emerged from most interviewees' responses (five FLMs, four Employees). When describing their experiences in receiving compassionate responses from their supervisors, some employees' responses indicated that the organisational culture of the company played an influencing role in the interaction. Some FLMs specifically shared the influences of organisational culture on employee behaviours, which further shaped compassion interaction between FLMs and employees.

*Because you have an operations manager who has their favourites and then the people that they just disregard, and I'm now trying to be empathetic towards the ones they disregard and, no matter what I said, they had so much built up anger and resentment that it was very, very challenging. (FLM 6)*

Other FLMs shared their experiences and perceptions on setting norms and expectations in the workplace.

*Some are very strict and to the point, "No, you're here to work. Don't have relationships and talk and gossip," however, but I feel that makes them not as productive, and if I'm more compassionate and lenient towards their day-to-day jobs and can see that yes, it's a little bit quieter, feel free to have conversations amongst yourselves, as long as you're getting your work done, then I think that they're more productive. (FLM 2)*

Some employees described their experiences regarding the influences of organisational culture on workplace relationship dynamics, which implies that the culture of the workplace potentially influences the way FLMs communicate with their employees.

*Yep, well I know before... We have quite a few people come in in the last few months and so our team's, basically, we're no team at the moment but our team before that no one really communicated with each other ... A lot of people weren't thinking about the team because if you're sitting on 'not ready' then the other team, people who are ready get more phone calls and it creates it, busier but if you're all on it it's just an equal kind of ... They just get shared out equally and so it was very much kind of like more of a selfish vibe I got from the old team. (Employee 2)*

*I'd definitely say the environment has influenced me; working with everyone as well as I guess being on the floor for such a while now, it's—I've kind of adapted to—I guess to everyone and how they feel and in training it was more training for the job, whereas once we're on the floor that's when you kind of change I guess for the environment where we are. (Employee 4)*

### 5.2.9.3 Individual Differences.

Some FLMs (five FLMs) and employees (two Employees) shared that individual differences had influenced the way they responded in compassion towards some employee suffering situations. These differences primarily revolved around personalities and demographics. Several FLMs indicated that they responded to their employees with different compassion actions because of employees' different personalities.

*I've been a team leader since 2005 so I've had a fair bit of experience. You're not going to know until a couple of years that it's actually, it's a personality thing I think because it could just be that time of their life that this is happening, like I think it takes a couple of years to figure out that it's personality based and there's nothing I physically can do to stop this from happening and just manage their performance. (FLM 3)*

*It's even the same for me, though, sometimes you come in here and you're not feeling 100% but you've still got to give 100% to 20 other people throughout your day and you just don't feel like you want to but then there are some days that I'll come in and I'll just, you know, it's the best day that I've had, I don't know. So, it's, yeah, I think personally just comes from just knowing, I don't know. (FLM 1)*

Some employees also pointed out that individual differences may cause miscommunications between FLMs and employees. Sometimes, the FLM's intention to show compassion may be misunderstood by the employee due to different personalities.

*But from my personality, I understand that sometimes you can say something, and you think it sounds nice but then to other people, it always sounds rude. Everyone has a different factor of how they relate with words. (Employee 5)*

*And some of them [FLMs] will actually talk to you in your lunch break and are a bit more approachable than others. Like not saying the others are horrible but, you know, I think it's just personality, you kind of approach, some are easier to approach than others. (Employee 3)*

#### **5.2.9.4 Job Responsibilities**

The contextual factor of job responsibilities emerged from participants' responses (six FLMs). Some FLMs indicated that their job responsibilities had been an influencing factor on their compassion interaction with employees. Specifically, the job responsibilities had acted as a regulator to their responses to employee suffering. They needed to consider their job responsibilities before making the decision about how to respond to employee suffering.

*And I'm just open with them if that is the case to say, "I can only do what I can do, but I need this from you." So just being open with the expectations, yeah. (FLM 3)*

*I would have to be compassionate to their needs, but ultimately, you know, being compassionate and saying, "Look, I understand, I know that you have a difficult relationship with the operations manager, but ultimately she is still your boss and you have to go back into her." (FLM 6)*

#### **5.2.9.5 Power Dynamic.**

The contextual factor of *social power* emerged from some interviewees' responses (3 FLMs, 2 Employees). According to the interviewees' responses, power dynamics between FLMs and employees in the company could potentially influence compassion interactions. Some FLMs indicated that they felt the distance with their employees in general, which made it difficult for them to build rapport over the relationship.

*I think with her, she doesn't like that I'm younger than her, and she has been in a manager role at a different hotel before, and I think she doesn't like...she' doesn't like that I'm younger than her and...and she has been a manager, but now she's...I don't know how to say this nicer... in a lower position, basically, and I don't think she likes that, so that's why I don't think she responds to it very well when I do kind of have that chat with her. (FLM 4)*

*I think providing empathy and a good environment for our staff to thrive but meeting that happy medium is a good working place/environment to have and being open and honest to the staff so that if they've got something they want to say they're not scared*

*in any way to say it but then setting the expectation nice and clearly so they don't you know take you for a ride. (FLM 3)*

A couple of employees also shared their perspectives in terms of the power dynamics in the workplace. Specifically, some employees indicated that FLMs sometimes appeared to be quite intimidating due to the power status of their role in the organisation.

*I don't know, because they're (as FLMs) the boss and you don't want to do anything wrong or say the wrong thing just in case they're going to come to talk to you, I guess. (Employee 1)*

*I guess sometimes if there's an issue in the workplace, it's not the easiest thing to be able to, you know, go up to one of the leaders and I guess confront or ask them about that ... you know you feel more comfortable being able to have that one on one relationship. (Employee 4)*

#### **5.2.9.6 Organisational Practice.**

Organisational practice is the sum of all factors from the organisation's daily operations that influence compassion interaction (Dutton et al., 2014). Some employees indicated that operational protocols and communication pathways could influence the workplace relationship dynamics, which further influence compassion interactions between FLMs and employees.

*Well, as per like our HR kind of procedure when that type of thing happens you go to, if you can't speak about the situation with the person directly because you feel uncomfortable then you should go to your shift supervisor, if you, no shift supervisor, team leader then operations and then I guess HR. But we didn't go to HR we just went straight to GM, so I guess that's not really normal procedure but yeah it did get sorted out. (Employee 2)*

*I felt lonely. With those certain people. But you can't expect to be put into a room with 100 people and get along with everyone. So, I guess it's up to the supervisor or manager to be able to work the best they can to put you around similar people to help everyone get a good work life. And that's exactly what happened. (Employee 5)*

Some interviewees also mentioned that the organisation policies set the boundaries for

compassion interactions. The FLMs who mentioned this theme told stories where their compassionate responses were influenced by the policies of the organisation.

*I think there is a part of the policy where you've got – I think there is a part of it somehow in there. I can't think of it at the moment. But I think it is part of the policy that we've got to show some sort of compassion. I think. I can't remember what it is now. (FLM 7)*

*We are a part of the Luke Batty Foundation with yhe Mantra Hotel Group, so domestic violence is not something that, well, anybody should take lightly. (FLM 2)*

#### **5.2.9.7 Other Factors.**

Other factors such as *operational procedure*, *organisational policies*, and *organisational change* were also mentioned in interviewees' responses. These factors suggest that other contextual factors of the workplace could also shape the compassion interaction between FLMs and employees. Specifically, when asked about their compassionate interaction experiences, a couple of interviewees mentioned the standard procedures of operation as well as the communication pathways in the workplace.

*Now you wouldn't really know where anybody works unless you're in here like unless you're in the consumer team you know you work in consumer, but if someone coming out you would think it's all one department cause we're all working for different segments but the way that we implement things, we make the team more involved as a whole team, not just the corporate team or the consumer team. (FLM 1)*

The *organisational change* factor was also mentioned by a couple of FLMs, where the changes of culture and leadership in the workplace shaped the relationships between FLMs and employees, which further influenced the interactions between the two parties.

*I think that there was a restructure, a corporate restructures, and she took on my team which she didn't particularly really like. She thought that my area got a lot more than her areas, so I think she kind of favoured her areas more than mine and I guess mine was at the bottom of the food chain when it came to compassion or empathy. (FLM 5)*

*Since I've been with the company it's happened more frequently since the new GM came on board. Prior to this GM, it wasn't very frequent that we did anything fun [laughs], a reflection of the last person that was in that position. (FLM 2)*

The contextual factor of *available resources* emerged from some interviewees' responses (three FLMs, three employees). This theme suggests that compassion interactions between FLMs and employees are potentially influenced by the organisation's available resources. The available resources in organisations include the tangible resources (e.g., financial resources, training material, physical assets) and intangible resources (e.g., time, allocation of human capitals).

*So even today, we're a bit short staffed, so I'm kind of...I have to jump in and help out the team with all of the stuff they're actually doing, so today I have to look after our New Zealand hotels. (FLM 4)*

*So, if it's busy or that sort of thing, they think more in cost factor as far as staffing instead of to what's needed, sort of thing. So, some days when we really do need more staff it's kind of like, well we can't really have too many people on at this time sort of thing, and all that sort of stuff. (FLM 7)*

Some employees shared their experiences where they were not able to approach the FLMs for support due to the pressure and time frame on FLMs' work.

*I don't know if I ever had an issue like that. I mean, sometimes if we're, like this is very small, might be really busy, the whole office, and then you might have an issue and you're trying to get a little bit more help with, but because the supervisor's also got tonnes of work to do, sometimes it's hard to get the full attention that you need to help with the problem. (Employee 3)*

### **5.3 Gold Coast University Hospital**

The following section presents the findings from the Gold Coast University Hospital Allied Health Department, where compassionate interactions and FLM support are influential to the employees' wellbeing because the workplaces is fast-paced, and employees are likely to be

exposed to traumatic experiences. Gold Coast University Hospital Allied Health offers a variety of allied health services, which comprise several health care teams to support the diagnosis, recovery, and the quality of the patients' life. An allied health team often consists of occupational therapists, physiotherapists, speech pathologists, nutritionists, social workers, and psychologists. The communication between different experts and between supervisors and employees is an integral part of the work. In addition, the nature of the job forces individuals to be exposed to traumatic events. The interviews were conducted to explore the nuanced aspects of the compassionate interaction in the organisation and the results reflect that purpose.

***RQ 1. How do FLM notice the employees' suffering?***

**5.3.1 Noticing.**

The goal of this research question was to understand and explore the approaches that FLMs used to notice employee suffering. The following sections present FLMs' descriptions of their experiences in noticing employee suffering, as well as employees' expectations and thoughts on the same subject. Specifically, FLMs mentioned that they utilised their EI abilities to *perceive employees' emotional expression* (five FLMs, one employee) and *understand employee's emotional expression* after encounter employees' suffering (four FLMs, one employee). The second most commonly mentioned theme was *actively seeking information about suffering* (four FLMs, three employees).

Table 5.10  
*Noticing*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Active Listening	7 (4F/3E)	11
Perceiving Employee's Emotional Expression	6 (5F, 1E)	11
Understand Employee's Emotional Expression	5 (4F, 1E)	7

**5.3.1.1 Actively Listening.**

*Actively seeking information about suffering* emerged as a theme from the interviewee

responses. When asked about their experiences in noticing employee suffering, one of the FLMs mentioned that they actively approached the employee to obtain information about the suffering.

*And if I know that someone's had a rocky day yesterday, I'll try to go and find them in the morning, I'm also I guess being a bit more proactive and seeking people out before they come to me, so I'll come and, I'll just say "Look I know you had a bad day yesterday. Are you okay?". (FLM 4)*

Some employees answered the question of 'If you were to be in the supervisors' position, how would you notice the suffering in the workplace?', and the same theme emerged from their responses. Some of the employee interviewees mentioned that they would actively seek information from their employees through questions and conversation.

*Coming back to hypothetically, I would actually, yeah, specifically delve into that a little bit more with them and, okay, want to come and have a cup of tea or cup of coffee, or come out in the kitchen for a minute and [talk about] what happened? What did they do? Open the discussion up. (Employee 5)*

*Yeah, ... I suppose, is just to be, from a team's perspective and manager's perspective is finding out if there's any support that the person needs and it's just having that ... again, it's just being open and having that conversation. (Employee 7)*

### **5.3.1.2 Perceive Employees' Emotional Expression.**

When asked about their experiences in noticing employees' suffering, one of the most commonly emerged themes in FLMs' responses was *Perceive Employees' Emotional Expression*. Some FLMs' answers indicate that they notice employees' suffering through observing their body languages and emotional expressions. For instance:

*So, one of the grads, another one who was in tears, she'd forgotten two medications after doing the night shift, and that was noted, and then there was some confusion around documentation as well. So, we had to speak to her about that. (FLM 2)*

*I could see her on the phone and I think some of it was her body language. She's in the next office, so she's not next to me, but I happened to walk past, and I could just see in her body language that she just, and she was like this on the phone, and I said to her, "Are you okay?" and she said, "No, not really." (FLM 3)*

### **5.3.1.3 Understand Employee's Emotional Expression.**

Another emerged theme from the FLMs' responses showed that FLMs used their emotional intelligence abilities to take notice of employees' emotions was understand employees' emotional expressions. A couple of FLMs' answers indicated that they understood employees' emotional expressions when notice their suffering. For instance:

*And it was a young junior nurse's patient, so she was very upset... she hadn't sort of done anything, but she got very upset about it. (FLM 2)*

*Well, I just had a staff member, her father passed away last week. She actually called in, she was actually not well herself, and was off sick, and then a couple of days later it was the phone call from her to say that her father was not well either, and then all of a sudden it was he was terminal, so it was really quite sudden. (FLM 5)*

**RQ2. How do FLMs appraise interaction characteristics when they encounter employee suffering?**

### **5.3.2 First Appraisal.**

The purpose of this research question was to explore FLMs' thought processes after encountering employee suffering. As discussed in Chapter 3, the first appraisal concerns the FLM's judgment and decision making regarding whether to respond with compassionate actions. The three main themes included *thinking about whether the employee deserves a compassionate response*, *thinking about whether the FLM can relate to the employee's situation*, and *thinking about whether the employee's suffering is severe enough* emerged from participants' responses.

Table 5.11  
*First Appraisal*

Sub Themes	No. of interviewees mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Whether the FLM can relate to the employees' situation	5 (5F)	11
Whether the employee deserves a compassionate response	5 (5F)	7
Whether the employees' suffering is severe enough	4 (4F)	6

### ***5.3.2.1 Whether the FLM can relate to the employees' situation.***

Some FLMs mentioned that they thought about relating to the sufferer by putting themselves in the sufferer's position.

*I think you do need to have to have that being able to understand from the other person's point of view. Related to something before, before you can show compassion to someone else. (FLM 1)*

*I think you always have to think, "Well, how would I feel if that happened to me, or I made that mistake, or that was happening in my personal life?" But I think that you can do it in a way that it doesn't necessarily impact on other people as you can, I think it's always about the way that you do things, always about the way that you approach things. (FLM 3)*

Several employees also shared their thought process when they answered the question 'What would be your thoughts when you encountered another employee's suffering?', because they were put in a FLM's position.

*Being able to step in someone's shoes, sort of, and try to imagine or be in their place, which can give you a very, like insight, a big knowledge. (Employee 5)*

*...Is having maybe empathy for people but not get caught up in it and, pretty much, bracket my judgement and just experience – try and imagine walking in their shoes. (Employee 4)*

### **5.3.2.2 Whether the employee deserves a compassionate response.**

Some FLMs responded that they thought about whether the employee deserved a compassionate response after encountering employee suffering. In their responses, FLMs cognitively evaluated the employee's situation of suffering from the question 'Whether the employee deserves to be supported?' when they noticed that employees were seeking help.

*My thought process was that it was a lie, but that's not, as a manager I can't go, "Well, you're lying." I need to have more proof than that. I need to have concrete evidence, and there is no concrete evidence. (FLM 3)*

*So, she's calling in sick a lot, which is affecting our clients, and I guess we're trying to balance supporting her as well as supporting our clients. So, you know, obviously, her leave balances are very low, down to zero, so now it's leaves without pay (FLM 5).*

### **5.3.2.3 Whether the employees' suffering is severe enough.**

When asked about their thought process after encountering employee suffering, thoughts regarding whether the employee's suffering was severe enough emerged from the responses. Some of the FLMs shared that they evaluated the level of severity of the employee's suffering.

*Like one of our therapists at the moment, her husband who is also working here at the Allied health professions. Is in the hospital with a terrible illness that, I forget the name actually. He's possibly never going to work again... So, she's telling me the situation, it's like, are you sure you don't want to take leave? (FLM 1)*

*I go, in my head, I don't say this, but I go, "Did anyone die?" like sometimes I just think we get a bit ridiculous about things as well, just to the extreme degree. It's almost like you can't, I don't know, I mean look, I'll say about policies, and I will look at policies and things, but sometimes I go, "It's just too over the top." (FLM 2)*

### **5.3.3 Second Appraisal.**

As discussed in the chapter, the second appraisal differs from the first appraisal and focuses on the subsequent thought process after experiencing emotions. Three themes: *whether the FLM themselves could cope with the experienced emotions, whether the FLM themselves had the*

*capability to respond with compassion, and would this situation occur again* emerged from the interviewees' responses. In general, the most common theme was *whether the FLM themselves could cope with the experienced emotions* (three FLMs, four employees).

Table 5.12  
*Second Appraisal*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Emotion-Focused Coping	4 (4F)	5
Problem-Focused Coping	3 (3F)	6

### **5.3.3.1 Emotion-Focused Coping.**

When asked about their thought process after experiencing empathic concern for employees, some FLMs' responses indicate that their thoughts primarily on coping with the experienced emotions.

*Sometimes, when fare a bit emotional. It's easy not to get let's see what we can do up in that emotion. Because of your experience, you come across the situation frequently. You know what you might put in place. (FLM 1)*

*So sometimes if it's around patient safety, you have to take the emotion out of it and think, "Yes, I understand you're tired and I understand you've got things going on at home, that you're stressed etc, but ultimately we need to make sure that the patients are safe." (FLM 2)*

### **5.3.3.2 Problem Focused Coping.**

Some FLMs' responses indicate that they thought about practical solutions to respond to the situation with compassion.

*I just wanted her to be with her family. So, for me, it was more about what's the practical thing. I'm quite a practical person, so it's that practical, I was thinking "What can I do to help you?" (FLM 3)*

*So, it's really hard to balance, but, you know, there's only so much you can do, as well, for somebody in a particular circumstance. So, you know, we can't change her situation, that's up to her, so we've tried to provide that in regard to the work side of it. This is what we can offer you ... But unfortunately, she hasn't taken us up on any of that side. (FLM 5)*

### 5.3.4 Other Thoughts.

Table 5.13  
*Other Thoughts*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Potential Consequences of the Encounter	2 (2F)	6

The theme of *thinking about possible consequences* emerged from some interviewees' responses. Specifically, some FLMs contemplated the consequences and the costs of the compassionate responses after encounter employee suffering.

*It's hard to separate the personal and work side of it, I guess, but she is calling in sick a lot, she's got a lot of financial stress or a lot of personal stress. So, she's calling in sick a lot, which is affecting our clients, and I guess we're trying to balance supporting her as well as supporting our clients. (FLM 5)*

*I suppose I'm more compassionate with life events, whereas with work issues I'm more focused on performance and making the company grow. So, I draw the line at, I suppose at their crappy, I don't know, it's hard to explain because every one of them is different, so they all have their own different personalities and everybody responds differently to us. So, I try and make sure that whatever I do, it's going to please me, it's going to please them, it's going to be good for the company. (FLM 2)*

Some employees also shared that they would think about the potential consequences if they were put in an FLM's position.

*I think it's saying and doing the wrong thing, or you know, not dealing with a sensitive situation appropriately can cause me angst later, because I think 'Could I have said*

*that better?' or "Did I really help that person?" "Did I cause them more anxiety?" "Or did I actually help them?" (Employee 1)*

*I think sometimes that, you know like if you come to someone and you say to them, you know like I need help with this or you may visibly be upset or whatever and you can see an uncomfortableness or awkwardness with their, you know not quite sure how to respond or, like, do I pat you on the shoulder or, you know like where you can kind of sense that, that emotive sort of stuff is really hard for them to sort of respond to and I think that that's just some people are very awkward around that kind of things. (Employee 8)*

**RQ3. What emotions do FLMs feel when they encounter employee suffering?**

**5.3.5 Experienced Emotions.**

As discussed in chapter 3, experienced emotions refer to the types of emotions that FLMs experience after encountering employees' suffering. There are three main emotions that appeared in interviewees' responses which were categorised by Shaver, Schwartz, Kirson and O'Connor (1987) to be Love, Anger and Fear.

Table 5.14  
*Experienced Emotions*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Love	4 (4F)	4
Anger	2 (1F, 1E)	2
Fear	2 (2F)	2

**5.3.5.1 Love.**

A couple of FLMs mentioned that they experienced the love emotion after encounter employees' suffering. The word that FLM 3 used to describe their emotional experience was 'unhappy', which, according to Shaver et al.'s (1987) definition, is borderline on anger and sadness. However, FLM 3's experienced emotion should be categorised as love instead of anger and sadness is because the unhappy emotion was not directing towards the self, but to the other person.

FLM 5 did not use emotional words to describe their emotional experience during a compassion interaction, but FLM 5 elaborated that their emotional experience was induced by remembering a family members' suffering, which subtly suggests that the FLM 5 attempted to tap into the emotion that can be best described as love.

*No, I didn't feel distressed. Gosh, I hope that's not bad for me, but I didn't. Look, I suppose I'm a bit older, I've seen a lot, I've done a lot, I've worked in some really very tough areas. I didn't feel bad for her. I didn't feel sad, but I felt unhappy for her if you know what I mean. (FLM 3)*

*You just go on how you feel at the time. You draw from your own personal experience of such times, I guess. If you've had someone pass away yourself, or you've seen other family members go through the same sort of thing, where there's so much help, and everyone bands together at that particular time, but then once the dust settles and everyone goes back to their life, this person's left still grieving. (FLM 5)*

#### **5.3.5.2 Anger.**

When asked about their emotional experiences when encounter employees' suffering, annoyance appeared in some interviewees' responses. One of the FLMs mentioned that she would feel frustrated because of the subsequent workload after responding to employee's situation. This frustration feeling is categorised by Shaver et al. (1987) to be the emotion of anger.

*That's exhausting to think about. And it's also frustrating to know that there is no money and I am going to put up a business case that is not going to be much support, and it's going to come back to us, and I just have to deal with it internally. (FLM 1)*

#### **5.3.5.3 Fear.**

Another emerged theme from interviewees' responses regarding their emotional experiences after encountering someone's suffering is fear. One FLM expressed that they would feel overwhelmed by the situation when they encountered an employees' suffering at an early stage of the career, which is categorised as fear in Shaver et al.'s (1987) emotion taxonomy. An employee responded to the question of 'if you were to put in the role of FLM, what would you

feel after encounter other employees suffer?’ and indicated that they would feel stressed and overwhelmed due to the nature of the role as an FLM.

*In the beginning... it used to stress me out because I felt unequipped and I didn't know what I was meant to do with the conflict. (FLM 4)*

**RQ4. How do FLMs exemplify compassion?**

**5.3.6 Non-verbal Cues.**

The emerged themes include non-verbal cues such as *body cues, sensory and contact cues* and *spatiotemporal cues* (Bonaccio et al., 2016). These responses were from both employees and FLMs. Employees shared their observations of the FLMs’ non-verbal aspects and the FLMs’ described their non-verbal cues when responding to employee suffering.

Table 5.15  
*The Non-verbal Aspects of Compassion Action*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Sensory and Contact Cues	10	27
1. Oculesics	2 (2E)	3
2. Vocalic	8(8E)	21
3. Haptic	2(2F)	3
Body Code Cues	7	22
2. Kinesic	7 (2F, 5E)	21
3. Physical Appearance	1 (1E)	1
Spatiotemporal Cues	4	14
1. Chronemics	1 (1F)	3
2. Environment	3 (1F, 2E)	5
3. Proxemics	1 (1E)	2

**5.3.6.1 Body Code Cues.**

When asked about their experiences in responding with compassion, one of the FLMs described the compassionate responses as follow:

*In the beginning, I was a bit abrupt and writing emails and not listening, and they weren't getting any response from me (FLM 4)*

One of the FLMs drew on her previous experiences when she was an employee and discussed that she would do the same to her employee.

*She would speak to me on the same level... Just that give and take, I guess. It's that respect, professionally. (FLM 5)*

Several employees mentioned that their FLMs' gesture and body language are the key influencing factors to whether they felt compassion or not.

*I'd say, his physical behaviour. How he responded to me was just really cold. So, I was crying, and he was looking really angry. And was just sort of seeing unemotional... So, I guess in that way it was seeing to be uncompassionate. (Employee 1)*

*Typing...She's typing and then nodding at you and ...Yeah doing other work. It's like how can that be, I'm giving you my attention right now... (Employee 2)*

*...it's to do with softer facial features, perhaps sitting down or being in a private place, being able to be leaning I guess towards the person (Employee 3)*

When asked if they are to be put in the FLM position, what they would be aware of in terms of being compassionate, one of the employees mentioned the influences of physical appearances that potentially influence the perception of compassion.

*I think I will always have a very casual attitude which is pretty much across my whole work... you know, as far as working as a manager, I've been made sure that I have been quite casual... (Employee 8)*

### **5.3.6.2 Sensory and Contact Cues.**

Some employees mentioned that their FLMs' sensory and contact non-verbal cues in their compassionate responses played a critical role regarding whether the employees felt compassion.

*And I got really emotional. And his response was very unemotional. "I think you should take time off and I don't think you are suitable to the role." (Employee 1)*

*It's how, even, they [FLMs] may set up the environment or atmosphere, ... if I went in to see a manager or a team leader and yes, they're at the computer, but I say, you know, excuse me, but, if you've got a couple of minutes, or I can come back, but I'd really like to talk such and such. And they [FLMs] will be like 'oh, yeah, yeah'. (Employee 5)*

*... So, I think the challenging was like... 'I want you to tell me, you know sort of that, you know how you came to that conclusion?' 'Do you think that that was, what was the outcome?' 'Can you reflect back and tell me is something that could have done differently?' [The employee mimicked the tone of the FLM's speech] ... (Employee 8)*

When asked if they were to be put in the FLM's position, what would they be aware of in terms of being compassionate, one of the employees mentioned that she would be aware of eye contact, as well as other sensory and contact cues.

*...perhaps not standing over them, but being at the same level or even, [make] eye contact with them, and being responsive... (Employee 3)*

One FLM mentioned that she showed compassion to her employees through haptic non-verbal cues (e.g., touch, pat on the shoulder).

*But you can be compassionate and kind without words sometimes as well, so it's not always about a verbal thing or doing something; it's just about sitting next to somebody. I'm not really touchy-feely, but sometimes it is about giving somebody a hug and just saying, "It's okay, it's all right." (FLM 3)*

### 5.3.6.3 Spatiotemporal Cues.

When asked about how they handled situations where they needed to show compassion to their employees, a couple of FLMs mentioned spatiotemporal non-verbal codes in their responses.

*... In the office here, you know, “How are you going? How’s everything going? We’ve received some feedback that last week on nights you didn’t give the 6 o’clock medications.” (FLM 2)*

*They’re always able to come into the office here and ask anything they want... I sort of go and distract myself from what I’m doing at that time and take all of that in, rather than saying, “Can we make a meeting?” or “Come back later.” (FLM 5)*

*I guess it’s the way you go about it as I said, I’m very open and honest, whereas other managers, I guess, are very strict and short and sharp, “This is how you do it,” and they don’t respect their staff enough. (FLM 5)*

When asked about if they were to be put in the FLM’s position, what would they be aware of in terms of being compassionate, one of the employees mentioned that she would be aware of the environment and other spatiotemporal cues, such as the space between the interacting individuals.

*... And that can include that if they need privacy to help to create that wall of privacy with your bodies or whatever it is, those sorts of things. (Employee 3)*

### 5.3.7 Social Support Actions.

Table 5.16  
*Supportive Actions that Exemplify  
Compassion*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Emotional Support	14 (5F, 9E)	66
Informational Support	14 (5F, 9E)	55
Appraisal Support	8 (4F, 4E)	16
Instrumental Support	7 (5F, 2E)	22

## Other Actions

- |   |            |    |
|---|------------|----|
| 2. Advocating and protect the employee. | 7 (2F, 5E) | 13 |
|---|------------|----|
- 

As discussed in Chapter 3, supportive actions are the main components of compassion actions. The emerged themes included the types of support, such as *appraisal support*, *emotional support*, *informational support*, *instrumental support*, and *other actions*. Tardy's (1985) account of social support defined emotional support as the provision of affect by showing concern or listening, informational support as the provision of information or advice, instrumental support as the provision of active help with regards to labour or time, and appraisal support as the provision of information relevant to help the receiver to self-evaluate (Lawrence et al., 2007). These themes were mentioned by the participants during the interviews. FLMs described their choice of actions when responding to employee suffering. Employees, speaking from the receiving end of the response, described their experiences and perceptions of the actions that were considered compassion. As mentioned in Table 5.16, the most frequently occurring theme was *emotional support*, where FLMs provided practical help to the employees to resolve their situation (nine employees, five FLMs). The second most frequently occurring theme was *informational support*, where FLMs listened to employees' speaking and validated the employees (seven employees, five FLMs). The third most frequently occurring theme was *appraisal support*, where FLMs responded to employee suffering from feedback and information that helped employees to self-evaluate (four employees, four FLMs).

### **5.3.7.1 Emotional Support.**

When asked if they were to be put in the FLM's position, how they would respond when encountering their own employees' suffering, some employee interviewees mentioned that they would provide emotional support to the sufferers.

*I'd actually think I'd have to say be more emotional... So, I don't necessarily think a manager has to be too involved on the clinical side of things. But emotion, in this industry, the emotional side of things. Because it is a frustrating and sad, like, with the elderly, yeah... (Employee 5)*

*I'd just try and listen and be as understanding as I can without giving them judgement on whether they are right or right. So, listening to them talk and then maybe try and to give them a perspective of perhaps where a senior doctor may have been coming from. (Employee 1)*

In terms of their experiences in receiving compassionate responses, all employees mentioned that they had received emotional support from their FLMs as a form a compassion response.

*So, the compassion that I got from my supervisor was listening to the story, asking questions, and validating what I had done well, other areas that I could have thought about, and ... that's probably it. (Employee 7)*

When asked about their responses to employees' suffering, all the FLMs mentioned that they provided emotional support.

*Just I'm a mum, so you just have to be like a bit of a surrogate mum and say, you know, just being there, sometimes you don't need to say anything, and it's just to have somebody there, just to cry on. (FLM 2)*

*I mean it's the ability to I guess walk in somebody else's shoes at that time and see how that's affecting them. And listening to them and hearing them and acknowledging how it is making them feel. And that just being able to support them and being there for them, and you might not share the same views, but yeah, understand for them that this is big. (FLM 4)*

#### **5.3.7.2 Informational Support.**

All employees mentioned that they have received informational support from their FLMs as a form a compassion response.

*... He usually just gives me some advice... (Employee 1)*

*She actually takes us (as employees) aside and talks to us about it and asks us, you know ... Like, she gets input from us and then she just says, "Oh, okay. Well, just so you know, this is the right way to do it ..." (Employee 4)*

When asked if they are to be put in the FLM position, what they would they respond when encountering their own employees' suffering, some employee interviewees mentioned that they'd provide informational support to the employees.

*I'm aware that that happens, coming back to hypothetically, I would actually, yeah, specifically delve into that a little bit more with them and, okay, want to come and have a cup of tea or cup of coffee, or come out in the kitchen for a minute and what happened? What did they do? ...open the discussion up (Employee 5)*

In addition, one of the employees mentioned that they would like to be given informational support during time of suffering.

*I would have hoped that I would have had someone (as FLM) who sat with me and said, what do you need from us to support you? ... you know like offering me, you know EA, even as simple as offering me EAS or making sure that I was communicating with, you know the legal service, checking in that I was okay but also just the simple things like my caseload. (Employee 8)*

All the FLMs mentioned that they provided informational support.

*And also we just then talked about maybe in palliative care you're going to see some things that I guess might spark things and feelings that you wouldn't feel in another area, so we started trying to look at what would be factors that might make her upset, and if she was aware of it before she went into a patient at least she could be more prepared in how to deal and see the patient, and see her through, because it's going to happen. (FLM 4)*

*They do need to feel that they're part of this team, rather than, "This is what you have to do." And I guess information is power, so if you explain why we need to change things, instead of, "It's all about policy, it's all about ...," (FLM 5)*

### **5.3.7.3 Appraisal Support.**

Some employees shared their experiences of receiving appraisal support from their FLMs

after communicating about their sufferings.

*A manager prior to this person was amazing and was one of those people that would sit with me and would challenge me on, you know my clinical reasoning and all that but also said, you know okay, where do you want to go? Like, what's your, you know what's your passion? What're your goals? And things like that... (Employee 8)*

*I think it's, speaking for our OT department, if we can be really clear on our expectations of our staff and continue to recognise and give lots of positive feedback on things that are going well, and then if there's challenging situations we can bring it back to the expectations, it's not so personal, like [Recall what the FLM stated] "It's not that you're specifically doing this badly, but remember how we've got our KPIs, your performance indicators around documentation and we all work really hard to meet those. ... Can we talk a bit about how we help you to be able to meet those KPIs? ... I've observed that, and I know you, and I respect you as a person. It's just that there's this specific thing, and that's separate to that." (Employee 9)*

Some FLMs shared their experiences in providing appraisal support to their employees during compassion interaction.

*I am frequently having to reframe, the situation for the therapist, and reframe where their responsibilities sit and where their level of influence is. (FLM 1)*

*The staff member came to me and said, "Oh, I haven't done one for 3 years", or a couple of years or something, and said, "What's the policy?" And I said, "Well, think about what is it you're doing and why we're doing it. So, what's the reason for doing it?" And we talked about it ... (FLM 2)*

#### **5.3.7.4 Instrumental Support.**

When asked about their experiences in receiving compassionate responses from their FLMs, a couple of employees mentioned that their FLMs provided them with instrumental support.

*Also, if the workload's looking too much, she [FLM] will actually chip in and do work with us, so she'll join in and help with the workload because we can get overwhelmed with too many referrals. (Employee 4)*

*And if needed. If I, like some junior doctor needed some extra, like a doctor kind of role of support. Then I would ask him to talk to them. He might sit down and talk to them. And give them some support that way. (Employee 1)*

Some FLMs mentioned that they provided their employees with instrumental support when encountered their sufferings.

*So it can be taking that person to one side and encouraging them to take leave, or to go off sick or whatever it is, ... for me, I felt like I was quite compassionate when I spoke to her, and I think that she's respectful of me because I'm really honest with her. (FLM 3)*

*... I've tried to work on and address their needs. I've got them a bit more staff here and there, I've got them access to fleet cars, so things that they said were important I guess I've prioritised that and worked on that to try to develop actual outcomes for them. (FLM 4)*

### **5.3.8 Other Aspects of Compassion Actions.**

Table 5.17  
*Other Aspects of Compassion Action*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Transparency in the interaction	5 (2F, 3E)	7
Genuineness in the interaction	5 (5E)	8

#### **5.3.8.1 Transparency in the Interaction.**

The *other aspects* are a theme that appears in several interviewees' responses but was not mentioned in the theoretical propositions. The theme emerged as to indicate that there are other facets in FLMs' compassionate actions outside of non-verbal aspects as well as prosocial aspects. The sub-themes include *transparency in the interaction* and *genuineness in the*

*interaction.*

Some employees' responses reflected that the transparency of FLM's response is important for them. As mentioned by a couple of employees that, FLMs need to keep all the communication and information transparent in order for employees to feel compassion. For instance, the following quote came from an employee's answer when asked 'what aspects of FLMs' response make you feel compassionate?'

*The team leader didn't even seem to acknowledge it at all. Like, and to me (employee) it was like, the least you could have done is walked into your team and said, team, I don't know how this has happened. It's above me. It's an area where I get annoyed with hierarchy. It's always blamed on the next level. I didn't know. Or I didn't know, or we were just told. (Employee 5)*

Another employee answered that she would be mindful of being transparent with all her employees and maintain to be fair with all employees when it comes to compassionate response.

*And I think you know if ever I was in that position, I think it would be important for all my workers to know that they were being treated exactly the same as the next person. And to have that transparency of communication (Employee 2)*

#### **5.3.8.2 Genuineness in the Interaction.**

*Genuineness in the interaction* was mentioned by some employees in their responses to the question of 'What aspects of the FLM's action made you feel that they were compassionate towards your situation?' In their responses, the employees indicated that it was important for FLMs to show congruence between their verbal and prosocial responses, as well as to genuine care about their situation and emotion. Some employees also used negative examples to illustrate this point.

*And then he's [the FLM] like, "Yeah, yeah, yeah. Oh, well are you okay? Like why are you telling me this?" I just felt, it wasn't a big deal but I think maybe perhaps we'd more of a history of me not really feeling like he had understood where I was coming from or being overly interested in my perspective on things. (Employee 9)*

*And I think going back to the example of the rehab service director is probably a really good one. Where at times she could be like “Things are good”, and doing a professional development conversation with me, she’d be like “You’re doing really well. This is all great” and demonstrating all this willingness to help, but then she’d cut me out of meetings, and I just wouldn’t be invited to meetings. (Employee 3)*

*Its’ more like it’s showing empathy and understanding so I think, basically, just the understanding and also making allowances for whatever it may be. But it’s just a genuine connection that you can tell that they’re genuinely caring for you. (Employee 4)*

**RQ5. What contextual factors influence the FLM compassion process?**

**5.3.9 Contextual Factors.**

As discussed in chapter 3, contextual factors potentially influence compassion interactions between FLMs and employees (Dutton et al., 2014). The analysis explores different types of contextual factors that potentially influence compassion interactions between FLMs and employees. The codes/themes were generated from the interview responses regarding their experiences of compassion interaction at work. Two of the most frequently mentioned contextual factors are *job responsibilities* and *organisational culture*. In other words, these two contextual factors potentially influence Gold Coast University Hospital FLMs and employees than other factors.

Table 5.18  
*Contextual Factors that Influence Interaction*

Sub Themes	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Job Responsibilities	11 (4F, 7E)	24
Organisational Culture	10 (5F, 5E)	21
Relationship Quality	10 (3F, 7E)	19
Power Dynamics	8 (3F, 5E)	16
Organisational Practice	4 (4F)	12

Individual Differences	5 (1F, 4E)	13
Other Factors		
1. Organisational Change	3 (1F, 2E)	5
2. Available Resources	9 (3F, 5E)	19

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### **5.3.9.1 Job Responsibilities.**

When asked about their experiences in responding to employees' situations, some FLMs mentioned that their role in the organisation has influenced their perceptions on the interaction and decisions to choose the correct responses.

*I think you got to do all the emotions and share some with her. And let her talk about that. And move on to what's my role and how can we support you. (FLM 1)*

*But sometimes I feel like, I think it's a clinician thing, I want to do something about it, I want to fix it because I'm an OT [occupational therapist], so I want people to get better. But as a manager when somebody tells me something, I instantly want to do something about it, I want to fix it, so sometimes I have to get used to that, they just want to tell me, and I don't need to do anything about it. (FLM 4)*

Some employees shared their perceptions on the influencing factors of their FLMs' job responsibilities and their compassionate responses.

*But then their [FLMs] hands are tied with some decisions they must make but the way that they do it can at least be compassionate, if it can't be, yeah, it mightn't always be what people want but they can still do it with compassion. (Employee 3)*

*They [FLMs] might be very compassionate but that's not part of their role description, it's not their message that they're giving out on a day-to-day basis, and it needs to come from them down as a lived experience, I think. (Employee 3)*

*Work-wise it could be that we want to start, how would I say, add to a program that we've got and because she's the manager she's the only one that can fill out all the*

*paperwork and all that sort of stuff. But it'll come back to "No, you try and sort it out and just get me to sign". So, it's just, yeah. (Employee 6)*

### **5.3.9.2 Organisational Culture.**

The organisational culture theme emerged from most interviewees' responses (five FLMs, six employees). When describing their experiences in receiving compassionate responses from their supervisors, some employees' responses indicated that the organisational culture of the company played an influencing role in the interaction.

*It's almost like an open culture. She (as FLM) is trusting that we're doing our job and we're trusting that she's going to support us in any way, which she does. She's always coming to say, "Oh, this is this. And this is an update here and so, I guess it's open communication and trusting environment. (Employee 4)*

*The supervisor. I think so. And I think the culture like I said, in an emergency it's quite a supportive culture so generally our feedback is 90% would say I really felt welcomed into this team and a part of this team and supported. (Employee 1)*

Some employees described their experiences of the influences of organisational culture on the workplace relationship dynamics, which potentially implies that the culture of the workplace influences the way FLMs communicate with their employees.

*Well, I think it's something that builds over time, and particularly when you also see compassion being shown to other people repeatedly, and that things are being dealt with in a more constructive way it makes you ... feel more comfortable with that person, but it also helps to build a culture where people are able to be more honest and open about things that are difficult and we can help each other. (Employee 9)*

*...just a personal conversation about where they're at, what can I (as FLM) do for you, is there something that you need me, you know like those sort of things and that I think too that one of the things that I find has always been helpful with that cultural stuff is to value placing time on coming together as a team. (Employee 8)*

Some FLMs shared their experiences regarding the influences of workplace culture on their

interactions in general with employees.

*But I think some other things, practical things in the workplace, again because we are dealing with what could be perceived as a sad area to work, we try to do lots of fun things, and teambuilding things, maybe more so than other work units, to work on our compassion and support for each other. (FLM 4)*

*So, it's sort of socialising, they're on Facebook with the other team nurses here and they're starting to sort of interacting more with the staff here on the floor as well, which is making them feel more empowered and more valued as well. So, all that sort of help. (FLM 2)*

#### **5.3.9.3 Individual Differences.**

When asked about their perceptions about compassion interactions in the workplace, some employees highlighted the differences between individuals' personalities and characteristics at work. Thus, they believed that it was difficult to apply a one-size fits all approach in responding to suffering with compassion.

*So, it's a characteristic or personality trait most people in health would have. So, I would say that part is easy ... and I think that's where it is important for everybody to recognise where they are themselves, on that spectrum, of compassion, what are the influences that they can kind of help themselves to work out how much they can offer. (Employee 7)*

*He (as FLM) was just a different personality than myself, I guess and just looking at the big picture, but he wasn't looking at what was involved, like how it affected other people in the process. (Employee 4)*

#### **5.3.9.4 Relationship Quality.**

Many employees indicated that the level of rapport and quality of the relationship with their FLM potentially influenced the interaction between them and the FLM.

*So, yeah, I didn't trust whoever the new manager. And it was also, to me, like, well, they've just stepped into a new role, what do they care? Like, they don't even know*

*what's going on. So, no. I don't really speak to anyone except my teammates, sort of. (Employee 5)*

*I think it's almost like a silent understanding that we have because she ... Yeah, it's just the way she (as FLM) communicates with us. It builds trust and even today, I've noticed she's been encouraging us more. She came and showed us a few things and she's like, "Oh, good job". And it's what I do to my four-year-old. I encourage him, so I noticed that today, she's being encouraging. I'm like, "Oh, that's nice" (Employee 4)*

Some FLMs also indicated the importance of the quality of the relationship with their employees. In specific, the rapport between the FLM and employees influence the way that employees perceive them and their compassionate responses.

*So, making sure that when they first start that I'm very approachable so, you know, "Whatever it is, you can come to me. I'm not going to be judgemental and things like that." Obviously, you need to make sure that they're safe, so that's the primary thing. So, if they're not safe practitioners, then we need to get on top of that really, really quickly. (FLM 2)*

*Respect them [employees]. Talking to them as a person, instead of, [thinking] I'm the boss and you're the employee, and this is how it is, and this is what you do. Not being such that Manager type of person. (FLM 5)*

#### **5.3.9.5 Power Dynamics.**

When asked about their experiences in receiving FLMs' compassionate responses, some employees indicated that the power dynamics in the organisations potentially influences the way that the FLMs' actions were perceived. In specific, FLMs' actions could be magnified due to the power status of their position.

*Yeah, I wouldn't, that's not my approach necessarily, but there is always a power differential ... when you're in a manager role I guess, in that something that you might say quite lightly people can take as gospel because you're in a power relationship. (Employee 3)*

*It's almost like a power thing and that's when – I think I mentioned earlier in the piece – it is definitely feeling like a power thing and from my perspective, I feel like it's [the FLMs' action] unnecessary. (Employee 4)*

Some FLM also shared their perspectives on the influences of power dynamics on the interaction with their employees. In specific, the FLMs felt the shift of dynamics as they got promoted to the FLM position.

*Because I think too this, in the beginning I felt really isolated, because when I was a clinician you sort of, you're more friendly with everybody and you're all on the same page and you're all peers, and then when I was then the boss, and people were calling me the boss... so it can be quite isolating and sometimes you know things that you can't tell the team because of confidentiality. (FLM 4)*

*I think being in this role sometimes, you know, other people in this role sometimes can be a little bit intimidating, so make sure that when they first start that I'm very approachable so, you know, "Whatever it is, you can come to me. I'm not going to be judgemental and things like that." (FLM 2)*

In specific, when asked about their compassionate interaction experiences, a couple of interviewees brought up the standard protocols of operation and communication pathways in the workplace. The interviewees that mentioned the protocols are primarily FLMs.

*So that's not something that I - I can observe it and say, "Right, I'll get you to my office. I want you to sit here." I can't make that decision like not one person can; I need to get my line manager and she'll need to get her line manager, we need some senior people to say, "You're not fit for duty, you need to go home." (FLM 2)*

*And we also do it after somebody passes away, so after every death, we actually acknowledge every death that happens, and if there were any issues, we will talk about that as a whole group as well and it's like a death review. So, we actually have a couple of formal processes in place all ready to go through the challenging cases. (FLM 4)*

#### **5.3.9.6 Organisational Practice.**

Organisational practice is the sum of all factors from the organisation's daily operations that influence compassion interactions (Dutton et al., 2014). Some employees indicated that operational protocols and communication pathways could influence the workplace relationship dynamics, which further influence compassion interactions between FLMs and employees.

*So, I wrote them an email, I said, "I'm really sorry. I know you're new to the team, however, I already have these amounts of people on leave over this period of time, and actually, it's a policy that nurses don't book RDOs around public holidays, either side of public holidays, and here's the policy that supports it. (FLM 3)*

*Well, in that regard, we have to follow, you know ... As much as I (as FLM) want to help her, you know, if we step out of those boundaries and then we try to enforce those boundaries on our workers, what does that say about our boundaries? (FLM 5)*

#### **5.3.9.7 Other Factors.**

Other factors such as *Organisational Change* and *Available Resources* were also mentioned in interviewees' responses. These factors suggest that other contextual factors of the workplace could also shape the compassion interaction between FLMs and employees. The *organisational change* factor was mentioned by a couple of employees, where the changes of culture and leadership in the workplace shape the relationships between FLMs and employees, which further influences the interactions between the two parties.

*The culture has changed a little bit in the last few years as the Commonwealth have brought in the aged care reforms. So, the way we're working now is very different from the way we use to work. (Employee 2)*

*Well, what's happened is that the lady that was sort of being the clinical lead and team leader has cut back again to three days a week. So, she still is a clinical lead, but that's just sort of following up any clinical issues. So, since that's happened, we've been told to report or discuss any concerns or problems with the manager. (Employee 5)*

In addition, one of the FLMs also mentioned her experiences in witnessing the development and change of a team's dynamic, which indirectly influenced the way she treats the team when encounter some of the employees' suffering.

*And so, I manage two separate teams to do that, diverse teams; they were quite fragile I suppose when I first started. They've been through a lot of change, and I really feel that they needed some support, some leadership. (FLM 2)*

Some employees shared that there is a limited amount of resources for them at the workplace, for example limited time and limited support. As suggested by the employee interviewees, these limited resources potentially influence the interaction between them and their supervisors.

*It was just time, and my supervisor wasn't available. It was a big factor. It wasn't her characteristics or anything, it was just she wasn't around and so I just had to debrief about a situation. (Employee 7)*

*There're always things that she'll forget to do because she's busy, but that's more just because she had too many things to do and it's not a personal thing. (Employee 3)*

Some employees also shared their perspectives on available resources in the workplace on a general level. Based on their responses, the available resources potentially influence the workplace operation as well as the communication structure at work.

*That the requirements, we've had a massive bed platform change but no additional staff. You know, that's a really significant risk... I think that the time when I struggled most clinically in those areas have been because I haven't had management who have been able to support me... (Employee 8)*

*We used to work most of the week from home. We used to [drive] garage cars. There were a lot more autonomy and freedom and because of changes within this health district, different managers coming in above her [FLM], sort of taking away, taking away, taking away, and now it's completely gone... (Employee 2)*

A couple of FLMs also shared their perspectives on the available resources in the organisation potentially influences their compassionate responses to the employees. Some of the FLMs shared their positive experiences in responding to employees' suffering with the mindset that there are sufficient organisation resources (e.g., professional development and professional psychological support). Some others shared negative experiences where they felt that they are unable to perform their duties due to the limitation of resources.

*so, she calmed down, sat down, had a bit of a cry and got a drink of water and she calmed down. And she was okay to go back to work. That's something in the back of my mind I'm just keeping an eye on, so I said to her, "If you need any extra support, we've got counselling here at the hospital if you need somebody independent to talk to." (FLM 2)*

*I think what people don't give you as a manager is they don't say to you, "Okay, so now you're a manager and you've got to read this policy, and this policy, and this policy, and this policy when you deal with something." So, until you make a mistake, and somebody goes, "Oh, but that's not in the policy," and you go, "Well, how was I supposed to know? I didn't even see the policy." So, I think that sort of thing, because it makes you more aware. (FLM 3)*

## **5.4 Comparison of the Results between the Mantra Hotel Group and Gold Coast University Hospital**

### **5.4.1 Noticing.**

The interviewees' responses potentially indicate that FLMs from both organisations noticed employee suffering more frequently through being aware of their employees' suffering experiences (see Appendix 1). A similar number of interviewees from both organisations also indicated that FLMs noticed employee suffering through active listening. Within the category of being aware of the sufferer's experience, FLM interviewees from both organisations mentioned that they noticed employee suffering when they perceived and understood their employees' emotions (see Appendix 1).

#### **5.4.2 First Appraisal.**

In the first appraisal section, interviewees from both organisations indicated that the most common judgement that FLMs had when encountering employee suffering was whether the FLM could relate to the employee's situation. Moreover, interviewees from both organisations indicated that the second most common judgement that FLMs had when encountering employee suffering was whether the employee deserved a compassionate response. Interviewees from both organisations also indicated that the third most common thoughts that FLMs had when encountering employee suffering was the potential consequences of compassion interaction. This was followed by whether the employee's suffering was severe enough. Interviewees from both organisations acknowledged that this was the fourth most common consideration that a FLM had after encountering employee suffering.

The difference between these two organisations interviewees' responses revolved around one of the other themes that emerged from the Mantra interviewees' responses (see Appendix 2). Some FLMs from the Mantra Hotel Group mentioned that they had thought about previous experiences with the sufferer, whilst no interviewees from the Gold Coast University Hospital acknowledged this.

#### **5.4.3 Second Appraisal.**

In the second appraisal section, interviewees from both organisations indicated that the most common thoughts that FLMs had when encountering employee suffering was how to cope with the experienced emotions (See Appendix 3). The second most common theme from interviewees from both organisations related to FLMs' capabilities to respond with compassion. A couple of FLM interviewees from both organisations also indicated that they thought about the consequences of the compassionate responses (See Appendix 4).

#### **5.4.4 Experienced Emotions.**

FLM Interviewees from both organisations had similar experienced emotions after encountering employee suffering (See Appendix 5). From the number of interviewees that mentioned the emotion in each organisation's interviews, it can be concluded that the most commonly experienced emotion when FLMs encountered employee suffering was 'love' in both Mantra Hotel Group and Gold Coast University Hospital. The second most commonly experienced emotions that were mentioned in the Mantra Hotel Group and Gold Coast University Hospital interviewees' responses was anger and the third type of experienced emotions mentioned at was fear.

#### **5.4.5 FLM's Non-verbal Cues.**

The interviewees' responses from both organisations indicated that the three most mentioned non-verbal cues were *environment*, *kinesics*, and *vocalics* (in no particular order). However, interviewees from the Mantra Hotel Group indicated that the most commonly mentioned non-verbal cues that displayed compassion were the use of environmental factors in FLMs' responses. On the other hand, interviewees from the Gold Coast University Hospital indicated that the most commonly mentioned non-verbal cue that displayed compassion was vocalic cues in the FLMs' responses. The FLMs' responses from both organisations indicated that the second most commonly mentioned non-verbal cue that displayed compassion was the kinesics cues in FLMs' responses (Appendix 6).

Other non-verbal cues were also mentioned in the interviewees' responses. Interviewees from both organisations mentioned the oculosic cues in FLMs' responses. A similar number of interviewees from both organisations mentioned the chronemic cues and proxemic cues. One of the employees from Gold Coast University Hospital mentioned the physical appearance non-verbal cue, but no interviewees from the Mantra Hotel Group mentioned the same non-verbal cue. Similarly, a couple of FLMs from Gold Coast University Hospital mentioned haptic non-verbal cues, but no interviewees from the Mantra Hotel Group mentioned this.

#### **5.4.6 Social Support Actions.**

Interviewees from both organisations acknowledged that emotional support was the second most common social support that FLMs provided to exemplify compassion (see Appendix 7). However, Mantra Hotel Group interviewees indicated that the most commonly mentioned social support type was instrumental support, whereas the Gold Coast University Hospital interviewees indicated that the most commonly mentioned social support was informational support (see Appendix 7). Both companies' interviewees acknowledged that the least common type of social support that FLMs demonstrated was appraisal support.

Other actions also emerged from both companies. FLM interviewees from both organisations mentioned that advocating for and protecting the employee also exemplified compassion during compassion interactions with their employees (See Appendix 8). Employee interviewees from both organisations also contended that they felt compassion when their FLMs advocated for and protected them from work-related issues.

In addition, the Gold Coast University Hospital interviewees indicated that FLMs recognising their employees' contribution was the third most commonly exemplified compassion action, other than the four predominate social support types. However, the interviewees from the Mantra Hotel Group thought that FLMs' presence as a form of support was the third most commonly exemplified compassionate action, other than the four predominate social support types.

Interviewees from both organisations indicated that the other aspect that could potentially influence the exemplification of FLMs' compassion during interaction was the transparency of the interaction. However, in addition, some interviewees from Gold Coast University Hospital mentioned that FLMs' genuineness in the interaction and the transparency of the interaction could also influence how employees perceived compassion, whilst interviewees from the Mantra Hotel Group seemed to only indicate the importance of transparency.

#### **5.4.7 Contextual Factors (Personal, Relational, Organisational).**

The contextual factors that potentially influenced compassion interactions in both organisations differed. Interviewees from the Mantra Hotel Group indicated that the contextual factor that influenced compassion interactions most frequently was the quality of the relationship in the workplace. However, interviewees from the Gold Coast University Hospital indicated that the contextual factor that influenced compassion interaction most frequently was the FLMs' job responsibilities (see Appendix 9). Organisational cultures had a similar level of influence on compassion interactions at the workplace in both organisations. A similar number of interviewees from both organisations acknowledged the level of influence of organisational culture. Individual differences factors had a greater influence on compassionate interactions in the Mantra Hotel Group than at the Gold Coast University Hospital. Both organisations' interviewees acknowledged the level of influence of the power dynamics between FLMs and employees on compassion interactions. In addition, organisational practices, which consisted of all of the practical elements in an organisation's daily operation, appeared to have more obvious influences over the Mantra Hotel Group than interviewees from the Gold Coast University Hospital.

In addition, both organisations' interviewees acknowledged other potential contextual factors that could influence compassion interactions, some of which were notable in one organisation but not in the other. For example, operational change was a noticeable contextual

factor at both organisations. However, available resources appeared to have more influence on compassion interactions at the Gold Coast University Hospital than at the Mantra Hotel Group.

## **5.5 Summary**

In conclusion, this chapter discussed the themes that emerged from the analysis of the interview transcripts from both the Mantra Hotel Group Reservation Department and Gold Coast University Hospital Allied Health Department. The results yielded some interesting findings. Both organisations showed a prominent compassionate culture in their workplaces. The following chapter is going to discuss the meaning of the results in light of the correspondence between the results and relevant theories in Chapter 3.

## Chapter 6. Discussion of Findings

### 6.1 Introduction

This chapter presents an in-depth analysis and discussion of the findings from the interview transcripts of the two participating organisations: the Mantra Hotel Group and Gold Coast University Hospital. In order to highlight the connections between the results and the theories, the following section begins with a brief review of the identified gaps (mentioned in Chapter 2) as well as the developed research questions. Subsequently, a brief recap of the theoretical propositions that guides the empirical exploration of FLM compassion process is presented. The discussion of the findings unfolds in the order of the developed research questions. The discussion focuses on explaining how the results relate to the theoretical propositions in the proposed framework (See Figure 6.1) and compare with the preceding understandings to identify the contributions and illuminate future research opportunities. The research questions are used as headings to navigate through the discussion.

The need to study organisational compassion at the interpersonal level has been teased out in early chapters. Preceding organisational compassion study has primarily focused on self-compassion (Neff et al., 2018; Orellana-Rios et al., 2017; Zessin, Dickhauser, & Garbade, 2015) and organisation compassion capabilities (Kanov et al., 2004; Lilius et al., 2011; Madden, Duchon, Madden, & Plowman, 2012). Understanding organisation compassion at the interpersonal level highlight the details of individuals' effort to show sentiment towards suffering others and therefore add to the understanding of compassion at the collective level. Preceding compassion process literature has demonstrated limited capability of explaining why compassion falter in reality (Kanov et al., 2016). This is caused by the lack of clarification on the definition of each subcomponent in the compassion process. After reviewing the preceding compassion process literature, five research questions were developed to guide the exploration of FLM's compassion process.

*RQ1. How do FLMs notice their employees' suffering?*

*RQ2. How do FLMs appraise interaction characteristics when they encounter employee suffering?*

*RQ3. What emotions do FLMs feel when they encounter employee suffering?*

*RQ4. How do FLMs exemplify compassion?*

*RQ5. What contextual factors influence the FLM compassion process?*

To address the identified literature gap, Chapter 3 draws theories such as the emotional intelligence theory (Mayer et al., 2016), appraisal and coping theory (Dewe, 1991; Folkman, Lazarus, Dunkel-Schetter, et al., 1986), social support theory (Gleason & Iida, 2015) and non-verbal display theory (Bonaccio et al., 2016) to clarify the components in Dutton et al.'s (2014) compassion process model. In general, the theoretical propositions respond to the developed research questions. The propositions include: 1. FLMs utilise EI abilities to notice employees' emotional expressions of their suffering (Mayer et al., 2016); 2a. FLMs enact first appraisal to evaluate the encountered suffering in aspects of relevance, severity and deservedness (Folkman, Lazarus, Dunkel-Schetter, et al., 1986; Nussbaum, 1996) and 2b. second appraisal to cope with the felt emotions (C. D. Cameron & Payne, 2011); 3. FLMs experienced a wide range of emotions that can be categorised by using Shaver et al.'s (1987) emotion taxonomy; 4a. FLMs' non-verbal cues influence the way they exemplify compassion when responding to employees' suffering (Bonaccio et al., 2016) and 4b. FLMs' enacted social support actions influence the way they exemplify compassion (Gleason & Iida, 2015); 5. Contextual factors at the personal, relational and organisational levels influence FLMs' compassion process (Dutton et al., 2014).

The updated FLM compassion process framework is presented in Figure 6.1. Data was collected through semi-structured interview methods; 28 participants were purposively selected and interviewed across two participating organisations. Their responses were transcribed and analysed in NVivo 12. The emerged themes and quotes were presented in Chapter 5. This chapter discusses the connections between the data and the theoretical propositions in Chapter 3.

One of the participating organisations is Gold Coast University Hospital. Gold Coast University Hospital is a public, multifunctional hospital that contains departments such as medical research, education, and recovery. The interviewees came from the Allied Health Department within Gold Coast University Hospital, which the department primarily focuses on supporting patient recovery and independent well-being and bridges across multiple professions, acting as a developmental tool to support and inform discussions about professional skill development within Gold Coast Health. The department has undergone several changes in terms of restructuring of the department and the relocations of several units. The change therefore impacted communications in the department. The other participating organisation was the Mantra Hotel Group, which is the largest Australian based hotel and resort marketer and operator. Interviewees were sampled particularly in the Reservation Department,

which plays a central role in the Mantra Hotel Group system. The reservation department in Mantra Hotel Group has also gone through a major change where the company centralised several call centres that were located in other cities including Sydney and Melbourne. During this change, the department also changed the general manager, which causes the department to undergo a drastic cultural shift. Coming out on the other side, the department has successfully adapted to the changes and once gain retrieved its strength to support the company’s growth.

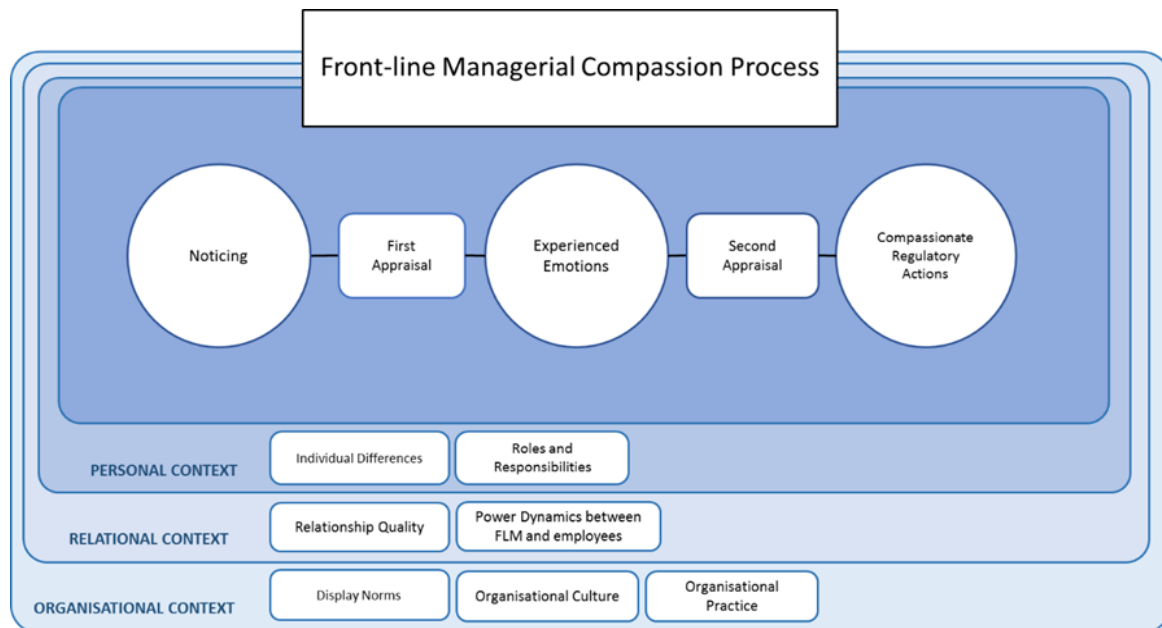


Figure 6.1. FLM compassion interaction process

## 6.2 How do FLMs notice employee suffering?

The theoretical definition in the proposed compassion interaction process model describes noticing someone’s suffering as actively listening to obtain information about the suffering and recognising the experiences of suffering (Dutton et al., 2014; Way & Tracy, 2012). The integration of the emotional intelligence (EI) ability variable in Dutton et al.’s (2014) compassion process model comprehensively depicts the noticing component of the compassion interaction process. The purpose of RQ 1 was to explore the way that FLMs notice employee suffering.

The proposed theoretical framework incorporated Mater et al.’s (2016) EI ability model to clarify how FLM notices employees’ suffering. According to Mayer et al. (2016), perceiving emotions refers to recognising the underlying emotions in someone’s behaviours and expressions, whilst understanding emotions refers to the ability to label someone’s emotions,

such as happy, sad, or angry. Mayer et al. (2016) contended that understanding emotions is the ability to label the emotions after perceiving them, which involves individuals “appraising the situations that are likely to elicit emotions” and “label emotions and recognize relations among them” (p.5).

Overall, FLMs and employees from both organisations have shown that they are mindful of observing employees’ emotional expressions as well as actively enquiring about the information (Dutton et al., 2014; Mayer et al., 2016; Way & Tracy, 2012). The data shows that several FLM interviewees from both organisations mentioned that they noticed their employees’ suffering through observing their employees’ body language and acquiring information by asking about their situation. This aligns with the incorporated EI capability theory, which suggests that FLMs noticing employee suffering when the FLM attempted to understand the emotion by relating the sufferer’s body language to the suffering situation (Mayer et al., 2016).

Specifically, the data shows that FLMs observe their employees’ body language to perceive their emotions. For example, a FLM from Mantra Hotel Group mentioned, “their body language says a million things”, when he was asked about how he noticed employee suffering in the workplace. Body language often acts as an honest display of individuals’ emotional experiences (Ekman & Friesen, 1981) and individuals perceive others’ emotional experiences through their body language displays, such as facial expressions and gestures (Mayer, Caruso, & Salovey, 1999).

Some of the FLMs perceived employees’ emotional experiences through a comparison between the employee’s normal display of emotions and the encountered emotions. For instance, a FLM from Gold Coast University Hospital stated that one of the employee’s “whole demeanour for the day and her whole, just the way she was, she just wasn’t the same”. The FLM noticed the employee’s changed emotional state because the employee’s body language display was different to her normal self, which triggered the FLM to notice the differences and conclude that the employee had gone through stuff that contributes to the change. As a result, the FLM then approached the employee to obtain information about the suffering. This indicates that acquiring information about the suffering is separate to recognising suffering, which further reinforces that noticing suffering is often based on FLMs’ observations and sense-making of employees’ emotions.

In terms of making sense of the perceived emotions, the data suggests that FLMs made sense of the emotions when noticing their employees’ suffering (Mayer et al., 2016). According to the findings in this thesis, FLMs used words such as “*sad*” and “*down*” to describe what

they had observed of their employees. This suggests that FLMs were able to label their employees' emotions after observing their body language, which indicates that they understand employees' emotions upon perceive them. This corresponds to Mayer et al.'s (2016) proposition that understanding the target person's emotions is one of the aspects of emotional intelligence.

The finding on the noticing component, in general, reinforces that FLMs' emotional intelligence abilities is relevant to FLMs' ability to notice employees' suffering, which shifted the existing conceptualisation of FLMs noticing employee suffering to focus on FLM's capabilities instead of actions. Proceeding literature on noticing in the compassion process emphasised on the aspect of active listening but did not tease out the underlying abilities that enact the behaviour (Dutton et al., 2014). Active listening in an compassionate interaction is defined as to actively gathering information about the suffering through strategic questioning and observing the communicative cues (Miller, 2007; Way & Tracy, 2012). The capability view is argued to provide better underlying explanations as to why compassion process falters. As the answer to the research question, FLMs noticed employees' suffering through perceiving and understanding their emotional expressions.

The data did not indicate that FLMs regulate and utilise their emotions to generate thoughts when encountering employee suffering (Mayer et al., 2016). This could potentially be explained by the fact that the interviewees were not aware of the utilisation of emotions during the interaction. For instance, the FLM interviewees' responses indicated that the noticing part of an employee's suffering was brief, as they identified that the employee was undergoing suffering and quickly recognised their emotional experiences without being aware of utilising their emotions to support the process. In a revision of MacCann, Joseph, Newman, and Roberts's (2014) study, the reason that the theme facilitating thoughts using emotion did not emerge as a distinctive EI ability is because people solve problems using their ability for emotional understanding (or another ability) rather than any reasoning distinctly related to facilitating thought (MacCann et al., 2014). The findings in this study correspond with Mayer et al.'s (2016) justification and reiterate the value of further investigating the potential influence of FLMs' emotion intelligence abilities on compassion process.

Given that FLMs' abilities to perceive and understand emotions were found to be enacted when they notice employee suffering, this finding corroborates with the Proposition 1 that FLMs utilise EI abilities to notice employees' sufferings. As such the results provides empirical support for the inclusion of emotional intelligence theory (Mayer and Salovey, 1999) in the FLM-employee compassion process framework. This finding offers a new, robust way

to conceptualise FLMs' noticing component of the compassion process. The confirmation of the role of EI in FLMs' noticing stage could assist future organisational compassion researchers to develop accurate measures to further investigate compassion at the interpersonal level. Moreover, from the perspective of training and development, enhancing FLMs' EI abilities should now be considered an important objective when the organisation intends to improve FLMs' compassion overall capabilities.

### **6.3 How do FLMs appraise interaction characteristics when they encounter employee suffering?**

Research Question 2 sought to explore FLMs' thought processes during the compassion interaction process. The cognitive aspects of compassion interaction are conceptualised as the *first appraisal* and *second appraisal*. In the first appraisal, FLMs are primarily concerned with the worthiness of the sufferer (Nussbaum, 1996). Through three judgements (deservingness, severity, and relatedness) (Nussbaum, 1996), the compassion focal actors evaluate the encounter and decide whether they feel compassionate towards the sufferer (C. D. Cameron & Payne, 2011). First, deservingness refers to the concern regarding whether the sufferer caused the suffering themselves (Nussbaum, 1996). Second, relatedness refers to the concern of both the likelihood of the suffering happening to the compassion actor and the similarities between the compassion actor and focal sufferer (Atkins & Parker, 2012; Nussbaum, 1996). Third, severity refers to the concern as to whether the suffering is severe rather than trivial (Nussbaum, 1996). Moreover, the first appraisal acts as a gatekeeper for the emotional experience in the process of a compassion interaction (Richard S. Lazarus, 1991). The second appraisal was argued to be placed after the emotional experience because coping and appraising theories suggest that the coping process occurs after experienced emotions (Dewe, 1991). This was supported by C. D. Cameron and Payne's (2011) empirical study, which found that individuals often allow themselves to experience compassionate emotions when they have evaluated the encounter as a suffering situation.

#### **6.3.1 Severity of the Suffering, Relevance to the Sufferer and Deservingness of the Suffering.**

The results of the interviews from both organisations indicated that one of FLMs' primary concerns after encountering employee suffering was *whether the FLM can relate to the employee's situation*. Atkins and Parker (2012) argued that appraising the relevance between the sufferer and the compassion actor themselves determines the emotional intensity towards

the sufferer. Thus, thoughts about relating to the sufferer are the most commonly recalled thought memories during compassion interactions, because whether the employee's suffering is relevant to the FLM is the trigger for compassionate emotions.

The findings of this study support that when a FLM encounters an employee's suffering the FLM considers the relevance between themselves and the employee (Atkins & Parker, 2012; Dutton et al., 2014). For example, a FLM from the Gold Coast University Hospital stated that “*if they're upset about someone getting a day off and they don't, from my perspective, I need to understand that's a big thing for them right now*”. This FLM's response indicates that the FLM had a different psychological disposition compared to the employee. Although the FLM did not think that the same situation was likely to happen to themselves, the FLM swapped herself with the employee and concluded that even if the situation was trivial from the FLM's perspective, it was a critical and challenging circumstance for the employee. This aligns with ‘relatedness’, one of Nussbaum's (1996) three beliefs of compassion.

Another emerged theme of *whether the employee's suffering is severe enough* also corresponded with the proposed conceptualisations of appraisals in the FLM compassion interaction framework. For instance, a FLM (FLM 6) from the Mantra Hotel Group mentioned that “*We're at work, there's no crying here'. That's my immediate reaction, is, 'We're at work, it can't be that bad'*”. This response implied that the FLM thought about the severity of the suffering at work before responding to the employee in a compassionate action. As Nussbaum (1996) suggested, compassion, like other altruistic emotions, concerns the value in the situation. In other words, whether the suffering is of great impact or the consequences of the suffering is minor. As mentioned at the end of Chapter 2, suffering in organisations is accumulative and could easily be overlooked. In the quote, the FLM mentioned that “*We're at work, there's no crying here*”, which suggests that the FLM evaluated the level of severity of an employee's emotional expression and felt that it was beyond the expected display standard. This corresponds with what Nussbaum (1996) said in terms of judging whether the suffering is severe and supports the propositions that FLMs appraise the severity of an employee's suffering when noticing their expressions.

The other emerged theme of whether the employee deserves compassion also corresponds with the proposed theoretical framework of the FLM compassion interaction process (in particular, Proposition 2a). Specifically, an FLM (FLM 5) from the Gold Coast University Hospital stated: “*So, she's calling in sick a lot, which is affecting our clients, and I guess we're trying to balance supporting her as well as supporting our clients*”. From this quote, it is evident that the FLM thought about whether the employee deserved a compassionate

response based on the employee's history of asking for support. This finding aligns with Nussbaum's (1996) argument that "When a person comes to grief through his or her own fault, we will blame and approach" (p.33). This means that the FLM appraised the employee's request and was choosing between responding with compassion or rejecting the request.

In summary, all three beliefs of compassion (severity, deservingness, and relatedness) were mentioned in the interviewees' responses, supporting Proposition 2a. FLM participants from both organisations mentioned that they thought about the severity of the suffering, whether the employee deserved the suffering and the relatedness to the employee's situation. These findings endorse Simpson et al.'s (2014) results and further corresponded with Nussbaum's (1996) three beliefs of compassion are relevant to FLM compassion interaction process. The finding of such relevance allows FLMs to observe and be mindful of their thoughts during compassion interactions, which could potentially shift their intention to withdraw from the compassionate responses. Indeed Kanov et al. (2016) argue that a compassion focal actor's urge to withdraw from the compassionate interaction correlates with the outcomes of their sensemaking process.

### **6.3.2 Emotion-focused coping and problem-focused coping.**

The second appraisal primarily concerns the FLM's ability to cope with the encountered suffering. As mentioned in Chapter 3, two of the widely accepted coping methods are emotion-focused coping and problem-focused coping (Smith & Lazarus, 1993). The responses of the interviewees from both organisations indicated that FLMs' thought processes included problem-focused coping and emotion-focused coping (Smith & Lazarus, 1993). According to Folkman Lazarus, Gruen and Delongis (1986), emotion-focused coping refers to regulating emotions after a stressful encounter and problem-focused coping refers to fixing the troubled situation by altering the person-environment connection. When sharing their stories about encountering employees' suffering, several FLMs (e.g., FLM1, FLM 3, FLM 4 from GC Hospital) mentioned that they tried to "*not to get caught up*" in the encountered emotions as well as thinking "*what's the practical thing*" to do to alleviate the troubling encounter. These findings support the theoretical proposition that FLMs' second appraisal comprises coping with their experienced emotions, such as stress and sadness. For example, Smith and Lazarus (1993) defined emotion-focused coping potential as the perceived predictions of adjusting psychologically to the encounter by altering one's interpretations, desires, and or beliefs (p.238).

The results show that FLMs engaged in emotion-focused coping after encountering employee suffering. One of the prominent themes that emerged from the FLMs' responses was that they cognitively isolated themselves from the situation in order to regulate their emotional experience (Folkman, Lazarus, Dunkel-Schetter, et al., 1986). For example, one of the FLMs' (FLM 1) interview responses from the Mantra Hotel Group mentioned "*I don't really take those sorts of things personally [because I know that sometimes that's just how people are]*". The quote suggests that the FLM started a process of regulating their experienced emotions by not taking "those sorts of things personally". Not taking things personally means that individuals are separating themselves from the encountered situation to prevent themselves from experiencing emotions. Folkman et al. (1986) mentioned that one of the emotion-focused copings is called 'distancing', where the individual makes sense of the felt emotions and does not let the emotions get to them. The quote corresponds with this technique of emotion-focused coping (Folkman, Lazarus, Dunkel-Schetter, et al., 1986).

In addition, another FLM also coped with experienced emotions by normalising the situation and making sense of the personality of the sufferer. For example, "that's just the type of person she is anyway" was mentioned by the FLM when the employee was acting defensively in order to be isolated from others due to the suffering. This reflected the FLM's thinking process of normalising and making sense of the employee's responses and the employee's personality. This aligns with Folkman et al.'s (1986) study finding, where the participants of their study "made light of the situation; refused to get too serious about it" (p.996). The FLMs' responses in this study corresponds with this technique of coping. This finding thus supports that FLMs engage in emotion-focused coping after encountering employee suffering and adds to the understanding of FLMs' cognitive components during the compassion interaction process.

Problem-focused coping was mentioned by FLMs from both organisations. For example, a FLM (FLM 7) from the Mantra Hotel Group responded with the following statement when telling a story about encountering an employee's suffering, "let's see what we can do. And then realistically we will work out the steps, the way that can fix it". It is clear that the FLM thought about the practical ways to help with the employee's suffering. This corresponds with one of Folkman et al.'s (1986) coping tactics, 'planful problem solving', where the individual thinks ahead and plans solutions to the problem. The FLM mentioned that they were thinking about plans and steps to practically help the employee with the situation.

This finding therefore supports the theoretical proposition that FLMs engage in problem-focused coping during compassion interactions with employees.

The emergent findings regarding the need for FLMs to engage in emotion-focused coping and problem-focused coping suggest that these two concepts should be integrated into the proposed model and specifically, to our understanding of FLMs' compassion interaction process. There are two issues at play here. First, from these findings it is evident that intrapersonal coping co-occurs with an FLMs' interpersonal emotion regulation attempts on the employee via compassionate actions (i.e. the expression of positive emotions such as empathy and the provision of support). The findings are consistent with the idea that individuals engage in intrapersonal coping to deal with stressful events (e.g., dealing with a suffering employee; Folkman, Lazarus, Dunkel-Schetter, et al., 1986; Folkman & Moskowitz, 2004) and similarly, that simultaneous intrapersonal and interpersonal emotion regulation can operate at the same time when an individual interacts and seeks to improve another person's emotional experiences (Troth, Lawrence, Jordan & Ashkanasy, 2018). Intrapersonal coping, however, encompasses broader strategies than that involved in intrapersonal emotion regulation (Lawrence, Troth, Jordan & Collins, 2011). FLMs, therefore engage in both intrapersonal coping and interpersonal actions (e.g., compassionate expression and support provision) as a part of the compassionate process.

The proposed model in this thesis therefore needs to be amended so that there is a distinct intrapersonal coping behaviours concept flowing on from the secondary appraisal concept. Second, the fact that FLMs engage in emotion and problem focused coping behaviours is evidence that they are engaging in secondary appraisal after they have experienced emotions (in this case, interpersonal emotions about the suffering employee), which is consistent with Atkins and Parker (2012). Moreover, it is also evidence that they are particularly considering their emotion and problem-focused coping "potentials" during secondary appraisal, supporting the ideas of Smith and Lazarus (1993) and Proposition 2b. The evidence found that FLMs engage in intrapersonal coping behaviour as a result of experiencing interpersonal emotions towards suffering employees is an important finding.

Future experimental research could investigate whether intrapersonal coping has a direct influence on interpersonal compassionate actions, or whether the secondary appraisals arising from the experience of interpersonal emotions have distinct relationships with intrapersonal coping behaviours and compassionate action behaviours. Field research, alternatively, could investigate the simultaneous influence of FLMs' intrapersonal coping and

interpersonal compassionate actions on FLMs' longer-term wellbeing experiences (e.g., compassion fatigue, burnout, job satisfaction, turnover intentions).

### **6.3.3 FLMs also thought about the consequence of their compassionate response.**

The findings indicate that FLMs consider the potential consequences of their compassionate response on multiple stakeholders during the secondary appraisal phase of the compassion process. One of the FLMs (FLM 2) from the Mantra Hotel Group indicated that the consequences of the compassionate action were a part of the cognitive process after encountering employee suffering, "So, I try and make sure that whatever I do, it's going to please me, it's going to please them, it's going to be good for the company". It is evident that the FLM had a certain expectation for the potential outcomes of the compassionate response. Whilst it is not consistent with Smith and Lazarus' (1993) appraisals theory (which is inherently intrapersonal focused), the finding loosely aligns with Goetz et al.'s (2010) evolutionary account of compassion, where compassionate responses involve making a kind of cost-benefit calculation, in which people evaluate whether the benefits of being compassionate outweigh the potential costs. Importantly, however, Goetz et al. do not overtly discuss the cost-benefit calculation as involving the consideration of the consequences of compassionate action for multiple stakeholders. This finding offers an explanation as to FLMs may choose not to engage in compassionate actions. When FLMs' evaluated costs of their compassionate response outweigh the benefits, they are less likely to respond in compassionate ways to employees' suffering. They may instead engage in avoidant behaviours. This finding creates exciting avenues for future research and discussions regarding the influence of multi-stakeholder cost-benefits evaluations during secondary appraisal on FLMs' decisions of how to respond to employee suffering.

In comparison, FLMs from the Mantra Hotel Group mentioned the consequences of engaging in a compassion interaction more frequently than FLMs from Gold Coast University Hospital. This could be explained by the different employees' job responsibilities in both organisations. For instance, employees' work tasks in the Mantra Hotel Group are more repetitive and quantifiable in comparison to employees' work at Gold Coast University Hospital. When asked about their employees' job responsibilities, most FLMs in the Mantra Hotel Group mentioned that the employees normally needed to respond to x number of emails and x number of phone calls before they finish their work on a certain day.

On the other hand, the employees' work at Gold Coast University Hospital was difficult to quantify as numbers. For example, employees who worked as occupational therapists had

daily tasks, such as patient care. Their output could not be precisely evaluated based on the number of objectives they completed. This impacted the FLMs' perception of the costs of compassionate interaction. However, when encountering an employee's suffering, FLMs in the Mantra Hotel Group had a clear understanding of the costs and benefits of the compassionate interaction, because when the employees' performance is primarily quantified and the FLMs are more easily able to see the 'gain' and 'loss' of compassionate interactions (Goetz et al., 2010). Future research could explore this particular phenomenon and investigate the influences of FLMs' cost-benefit evaluations on their compassionate responses to employee suffering.

#### **6.4 What emotions do FLMs feel when they encounter employee suffering?**

Research Question 3 sought to explore FLMs' experienced emotions when encountering employee suffering and the results showed that when FLMs encounter employee suffering, they experience a variety of emotions, including anger, fear, and love (Shaver et al., 1987). In general, findings regarding FLMs' emotional experience suggest that, upon encountering employees' suffering, FLMs experienced a range of emotions that are not congruent with their employees' welfare.

In general, the data shows that there are three distinctive emotions that FLMs experience when encounter employees' suffering. These three emotions that were categorised by Shaver et al. (1987) as anger, love, and fear. One of the FLMs (FLM7) from the Mantra Hotel Group mentioned that when encountering an employee's suffering repeatedly, she felt hurt, "sometimes it can be hurtful because they make up stuff that's not true". The feeling of hurt is an emotion that was categorised by Shaver et al. (1987) as anger/frustration. According to Shaver et al. (1987), the emotion hurt, for example, "although it appears within the sadness cluster, seems to be a blend of sadness and anger" (p. 1082). However, when a person feels hurt, according to their accounts, when they have been wronged in a way that warrants anger. Judging by the context of the story, the FLM experienced anger because she felt that she's being lied to. An example of the FLM experiencing empathy was shown in one of the FLM's (FLM 5) quote from Mantra Hotel Group. "*I felt terrible. I felt terrible that she was in the situation that she was in, and she was extremely heartbroken, and she was lost, and I didn't know how to understand it because I'd never been through it*". This quote portrays the FLM's empathic emotions towards the employee, particularly in the phrases that the FLM uses such as "feel terrible" and "extremely heartbroken".

Shaver et al. (1987) categorised this “feeling of sadness for a person we care about” as the emotion of love. Another experienced emotion among FLMs is fear. For example, one of the FLMs (FLM 4) from the Gold Coast University Hospital stated, “In the beginning... it used to stress me out because I felt unequipped and I didn’t know what I was meant to do with the conflict.” The feeling of overwhelming and helplessness are categorised as fear in Shaver et al.’s (1987) taxonomy. According to Shaver et al. (1987), the emotion of fear begins with “the interpretation of events as potentially dangerous or threatening to the self-most commonly, anticipation of physical harm, loss, rejection, or failure” (p.1076). The FLM’s response indicates a clear sense of anticipation of failure, which then causes the FLM to feel stressed.

The data suggests that the experience of love, fear and anger are unpleasant to the FLMs. As can be gathered from FLMs’ responses, the experienced emotions after encountering someone’s suffering is distressful. Gathered from the quotes mentioned above, phrases like “*hurtful*”, “*feel terrible for her*” and “*stress me out*” all suggest that the FLMs’ experience of emotions are unpleasant. Even the emotion of love yields positive output, the experiences of which is hostile. This corresponds with Shaver et al.’s (1987) argument and Condon and Barrett’s (2013) finding that the experience of compassion is unpleasant. This could potentially link back to the appraisal and coping theory, where Folkman et al. (1986) contended that appraisal and coping process is engaged by the person after acknowledging that a particular encounter with the environment is hostile to the well-being of that person. In other words, FLM is likely to engage in coping and appraising process during compassion process due to the unpleasant emotion experiences.

In general, FLMs more frequently mentioned that they experienced empathy than frustration and stress in their responses. One of the FLMs (FLM 5) responded that she felt “*terrible that she was in the situation that she was in, and she was extremely heartbroken, and she was lost, and I didn’t know how to understand it, because I’d never been through it, but I wanted to show her that I cared enough*”. This “*terrible*” feeling can be best understood as empathy according to Shaver et al.’s (1987) paper. The feeling of feeling sorry for employees is central to empathic emotions (Nussbaum, 1996; Shaver et al., 1987) and is widely regarded as the motivation for compassionate responses (Batson et al., 1987; Dutton et al., 2014).

In comparisons to the other emerged themes of other components in compassion process, FLMs’ emotional experiences were mentioned much less frequently. This pattern potentially hints that FLMs from both organisations were not aware of their experienced emotions during compassion interactions. This could be associated with FLMs’ emotional intelligence because EI essentially refers to individuals’ ability to perceive, understand, access

and generate emotions (Mayer et al., 2016). The findings in RQ 1 also suggested that FLMs from both organisations have not demonstrated that they utilise emotions to generate thoughts and vice versa (MacCann et al., 2014). In addition, FLMs mentioned that it would be better for them “not to be emotionally involved” in the encountered suffering on several occasions. When the FLMs were asked about the reasons behind them reserving themselves from investing in emotions, the most common response was that they wanted to act “*professionally*” at the workplace. This could potentially lead to the emotionally uninvested leadership style, where the leaders make decisions purely based on rationales and cost-benefit evaluations (George, 2000). The consequence of such leadership style is that the organisation would build the culture where emotions in the workplace are not properly utilised (George, 2000).

Overall, and in line with Proposition 3, the findings regarding FLMs’ emotional experiences suggest that FLMs experience love, fear and anger towards employees after encountering employee suffering, and all these experienced emotions are unpleasant to the FLMs. The findings offer a range of concrete experienced emotions (love, fear & anger) that are defined with robust testing and validation (Dutton et al., 2014). This extends previous understandings on compassion actor’s experienced emotions during compassion interaction process as the previous literature has been unable to concretely identify the range of potential interpersonal emotions an actor may experience (in addition or instead of empathy) (Dutton et al., 2014, p. 283). This new clarity opens doorways for future studies to further investigate the potential differential influence of FLMs’ emotional experiences on the FLM and their employees.

### **6.5 How do FLMs exemplify compassion?**

Research Question 4 sought to explore the component of action in the proposed framework in this thesis (see Figure 6.1.). As discussed in Chapter 3, Research Question 4 concerned two aspects of FLMs’ compassionate actions: 1) the non-verbal aspects when FLMs respond to employee suffering (Bonaccio et al., 2016; Burgoon, 2011), and 2) the types of social support actions that FLMs enact to respond to employee suffering (Gleason & Iida, 2015). In general, the findings correspond to the theoretical discussion in Chapter 3, which argued that FLMs’ non-verbal displays and the selections of social support actions are critical to the exemplification of compassion to employees. The findings regarding FLMs’ compassionate actions generally correspond with Dutton et al.’s (2014) definition of actions. However, the

findings expand the understanding of the proceeding literature on compassionate responses by reinforcing the influence of FLMs' non-verbal aspects in the compassion interaction process.

### **6.5.1 Non-verbal Cues.**

FLMs' non-verbal displays played a critical role in exemplifying compassion during compassion interactions with their employees. The overall findings suggest that FLMs' non-verbal cues influence the way they exemplify compassion when respond to employees' suffering, but not all FLMs were intentional in displaying certain non-verbal cues. However, employees from both organisations frequently mentioned their FLMs' non-verbal cues, such as body posture and eye contact had given them an impression about their FLMs' compassionate responses. It is evident that employees can perceive FLMs' intentions through their non-verbal cues. Non-verbal cues refer to individuals' gestures, posture and steps, facial expressions, body movements, and utilisation of time and external environment when interacting with other individuals (Burgoon et al., 2011).

Employees from both organisations indicated that FLMs' kinesics and vocalic non-verbal cues were important with regards to how employees perceived their FLMs' compassionate responses. Kinesics refers to the category of non-verbal codes including body movement, including gestures, posture and step, and facial expressions (Burgoon et al., 2011). Vocalics comprises pitch level, range, intonation, volume, accent and other aspects of verbal message (Burgoon, 2011). For example, an employee (Employee 2) from the Gold Coast University Hospital told that the supervisor/FLM responded to her in an uncompassionate manner, "*She's [FLM] typing and then nodding at you and... yeah doing other work. It's like how can that be? I'm giving you my attention right now*". The employee felt that the FLM was not compassionate because the FLM was "*typing and then nodding*", which gave the employee an impression that the FLM did not care about the suffering. This reinforces the importance of FLMs' non-verbal displays in exemplify compassion and adds to the existing understanding of compassion interaction where FLMs' choice of actions is the only aspect that exemplifies compassion (Dutton et al., 2014).

It is also evident that many employees noticed the FLM's non-verbal actions of *nodding* and *typing* during the interactions. However, nodding and typing, when viewed as standalone actions, do not induce nor impact any compassionate expressions (Vrij, 2006). The reason that the employee perceived her FLM's response as uncompassionate is that the FLM's kinesics gestures did not match with the norm of displayed care and compassion in an interaction. According to Bonaccio et al. (2016), a combination of different non-verbal cues conveys a

message that is sometimes undetected by the sender. For example, when a FLM nods along during a conversation with employees and makes no eye contact with that employee, it conveys an impression that the FLM is not interested in that conversation. The FLM may not consciously send out the message of not caring, but the combination of the non-verbal cues makes the employee feel as if the FLM does not care about the conversation. This reinforces the importance of FLMs' body language in exemplifying compassion.

Another example of the importance of FLMs' non-verbal gestures could be found in one of the interviewee's responses from the Mantra Hotel Group when asked "*Why do you think the FLM is not showing you compassion?*", the interviewee (Employee 5 from Mantra Hotel Group) mentioned "*you can kind of see, because they're not looking at you, their head's down or they're busy. You can obviously see that they are*". The interviewees' responses suggested that, FLMs' non-verbal cues send messages to the employees as to whether they care about the interaction. Thus, it can be concluded that FLMs' kinesics influences the exemplification of compassion towards employees. According to Bonaccio et al. (2016), individuals' kinesics cues are one of the more observable non-verbal displays amongst other types (e.g., chronemics, proxemics and oculesics). This further reinforces that FLMs' non-verbal cues play a critical role in showing compassion when responding to employee suffering. The non-verbal literature has confirmed the importance of the role of an individual's body gestures and their emotional expressions during interpersonal interactions (Elfenbein, 2013). Future studies could explore specific non-verbal combinations that could be utilised in compassion interactions to display compassion.

Another non-verbal cue that was frequently mentioned in interviewees' responses is vocalic non-verbal cues. In view of the number of times that the interviewees mentioned FLMs' vocalic cues in a compassion interaction, it is reasonable to conclude that vocalic cues play an influencing role in indicating whether the FLM's response is compassionate. For example, an employee (Employee 8) from Gold Coast University Hospital contends that FLMs' tone of speech when respond to employees could potentially influence the employee's perception about the FLM "*I want you to tell me, you know sort of that, you know how you came to that conclusion?*" *'Do you think that that was, what was the outcome?'* *'Can you reflect back and tell me is something that could have done differently?'* [*The employee mimicked the tone of the FLM's speech*] ...". In the response, the FLM's tone gave the employee a positive, compassionate impression about the FLM, even though the wording of the conversation was rather direct and less compassionate. Bonaccio et al. (2016) contended that vocalic cues, which include a variety of cues such as the pitch level, range, intonation, volume, accent, and

pronunciation, can influence the target person's perception of the verbal message. The employee's response showcased an interesting twist, where the FLM used a compassionate tone to communicate something that was rather bland and directive. As a result, the employee felt compassion and care from the FLM.

A comparison between the interviewees' responses in Gold Coast University Hospital and Mantra Hotel Group indicates that interviewees from Gold Coast University Hospital were more aware of the vocalic non-verbal cue than the interviewees from the Mantra Hotel Group. This is reflected in the number of times that vocalic cues were mentioned in interviewees' responses. This could be justified by the fact that employees from the Gold Coast University Hospital communicated with their FLMs more frequently. The Allied Health Department had catch-ups every morning, as the interviewees mentioned. Employees needed to communicate with their supervisors about their patient's information from the day before the meeting. During this time, FLMs encountered employees' struggles with their patients, which induces the number of times that FLMs communicate with employees. On the other hand, Mantra Hotel Group only held a monthly catch up between employees and their FLMs. The differences in terms of the number of times that employees communicated with their FLMs could have potentially influenced the frequency of the employees mentioning their FLMs' vocalic non-verbal cues, which further justifies the differences between the numbers of times that interviewees mentioned their FLMs' vocalic cues.

Another non-verbal cue that frequently occurred in some of the interviewees' responses was environmental cues. Environmental cues refer to the nonverbal spatiotemporal codes, such as an office's floorplan or décor (Burgoon et al., 2011). Environmental settings convey meaning to the people who work in the organisation and communicate messages (Bonaccio et al., 2016). Environment cues were frequently mentioned by employees and FLMs from the Mantra Hotel Group. For example, one of the FLMs (FLM 6) in Mantra Hotel Group responded that he took the employee off the floor to communicate when he noticed the employee's upset emotions, "*I took them off to one of the meeting rooms...the young lady started to... became really visibly upset*". This response indicated that the FLM was aware of environmental influences and it was their intention to take the employee off the floor to isolate the sufferer from the crowd and create a safe space where the employee could potentially communicate freely. The employee's reaction indicates that the action was effective because the employee started to show vulnerability to the FLM once they were in a safe space. From the FLM's perspective, it was evident that the environmental cue was appropriately utilised in

the compassionate response. This finding suggests that compassion interactions between FLMs and employees often occur in private places. Future studies could further investigate the environmental influences of the workplace on compassion interactions between FLMs and employees.

However, in comparison to the Mantra Hotel Group, interviewees from Gold Coast University Hospital did not frequently mention that FLMs utilised non-verbal spatiotemporal cues to exemplify compassion. There are two possible explanations. First, employees from the Mantra Hotel Group worked at a set location. While communicating with FLMs in a set location frequently, it was easy for them to recognise the sudden change. On the other hand, medical staff members from Gold Coast University Hospital often worked in a rather mobile environment. For example, occupational therapists usually went out after the meeting every morning and back to the office in the late afternoon. This deepens their awareness of the workplace environment. Thus, they may not have been sensitive to environmental factors when engaging in compassion interaction with their FLMs. Second, due to the differences in the work environment, FLMs from the Mantra Hotel Group had greater available access to their employees because they worked in the same physical environment. This potentially contributed to the number of times that the FLMs encountered their employees' suffering and responded to the employees with a compassionate response.

The physical aspects of the workplace environment could be vital in facilitating compassionate interactions between FLMs and employees. As contended by Samani, Eskandari, Zadeh, and Samani (2018), physical aspects of employees' work environment, such as workplace interior design, have been recognised to impact employees' job satisfaction, perspective of being acknowledged, and general performance. Because FLMs from the Gold Coast University Hospital had less opportunity to encounter their employees' suffering as their assignments required them to be in and out of the hospitals frequently, there was less chance for FLMs to respond to their employees. This creates future research opportunities in terms of the influence of office design on compassionate interactions between FLMs and employees.

The findings in this thesis extends the preceding understanding of compassionate actions (Dutton et al., 2014) by bringing in the non-verbal aspects of compassion process. The preceding definition of compassionate action primarily focuses on the choices of actions, which exposed a limited understanding of the delivery of compassionate responses. However as suggested by the quotes in Chapter five, and in line with Proposition 4a, the non-verbal delivery component of compassionate responses influences the perception of FLMs' compassionate responses. The delivery aspect of compassion action offers another layer of explanation as to

why compassion responses can be perceived differently by employees (as opposed to the FLM's intentions) and hence why the effect of compassionate responses can have a counter intuitive effect on the sufferer (Kanov et al., 2016; Simpson, Clegg, et al., 2014a). In practice, the effectiveness of the compassion interaction is influenced by the FLMs' picking and choosing of their non-verbal cues, some of which are attached to them and others are embedded in their surroundings (Burgoon et al., 2011). The findings encourage researchers to focus on the influence of FLMs' choices of non-verbal displays on employees' perceptions of compassionate interactions, which moves the study to the interpersonal level. They also reinforce the importance of developing training programs that include improving FLMs' awareness of, and their capabilities to utilise, appropriate non-verbal cues as part of a program to improve FLMs' compassionate action capabilities.

### **6.5.2 Social Support Actions.**

The finding of this study suggests that social support actions are embedded in FLMs' compassion actions. Social support refers to the positive or helpful interpersonal transactions with particular social sources (e.g., boss, colleagues, friends or relatives) that buffer stress in some encounters (House, 1981). Social support is a central aspect of compassion action, the FLMs' choice of supportive actions potentially reflected their intention and motive. There are four conceptualised social supportive actions: emotional, instrumental, appraisal, and informational (Tardy, 1985). Emotional support refers to the provision of affect by showing concern or listening; Informational support is the provision of information, advice; Instrumental encompasses the provision of active help with regards to labour, time and appraisal support comprises the provision of information relevant to help the receiver to self-evaluate (Gleason & Iida, 2015; Lawrence et al., 2007). Each of these four supportive actions represents a category of actions that could be used by individuals to show support to others.

The data shows that instrumental support was frequently mentioned in interviewees' responses in both organisations. For example, when demonstrating compassion when witnessing her employees' struggles a FLM (FLM 1) from the Mantra Hotel Group stated, "*If they usually come to us upset...we would usually just take the call, so I would hop on the call and just explain then in a way*". The response showed that the FLM practically helped the employee solve a difficult situation when the FLM noticed the employee's struggle. Practically solving the problem is considered as a typical example of instrumental support (Tardy, 1985). Another example of FLMs showing instrumental support to employees was demonstrated by

one of the FLM's (FLM 1) responses from the Gold Coast University Hospital, "*How can I help? You can have time off, you can have the sick leave. You can have your annual leave. How is that you can be working here is, are you coping at work? That part of it. So really try to define all of the bits and support and all that.*". The FLM indicated that the practical support is important when noticing employee's need. This corresponds with what Lilius et al. (2008) found in their study, where one of the main forms of compassion in the organisation was offering time-off work and this further supports the proposition that instrumental support is considered a form of compassion action in FLM-employee interactions.

Despite the amount of attention given to FLMs' instrumental support in both organisations, the interviewees from Mantra mentioned FLMs' instrumental support more frequently than interviewees from Gold Coast University Hospital. This could potentially be explained by the differences between the work tasks in each organisation. Employees from the Mantra Hotel Group were primarily in charge of reservations and responding to customers. The level of expertise required to complete the tasks was rather low in comparison to the type of tasks that employees needed to perform at the Gold Coast University Hospital. Employees from Gold Coast University Hospital were dealing with a variety of complex cases and unique patient situations. Thus, it would be difficult for the FLMs to intercept and provide direct help with those situations. Nonetheless, instrumental support was prominent in both organisations, thus indicating that instrumental support is an important aspect of FLMs' prosocial responses.

In terms of informational support, interviewees from both organisations acknowledged the importance of this category of supportive actions. Informational support refers to giving advice as a form of support (Tardy, 1985). This was evident in one of the FLMs' (FLM 1) responses from Mantra Hotel Group, "*I'm saying, you need to learn how to, not push back in a way that it makes them angry but just try ... turn it around, whereas, [for example] 'the credit is a positive cause you're not completely losing all of your funds' but just try to find a better answer than, 'he's just angry', 'he wants a refund'*". The response showed that the FLM was giving advice to the employee in terms of dealing with aggressive emotions from clients.

In comparison to the interviewees' responses from the Mantra Hotel Group, interviewees from Gold Coast University Hospital mentioned informational support more frequently when asked about their experiences of either providing or receiving informational support. Although the frequency of the occurrence of the theme does not give a clear indication of which organisation's FLMs were prone to providing more informational support, the number of times that the interviewees told these stories could suggest how often FLMs used informational support as a form of compassionate response. A potential explanation of the

differences could be that the communication systems in these organisations influenced the way that FLMs communicated with their employees (Zhang, Zhu, Dowling, & Bartram, 2013).

Hospital tasks require a lot of medical advice from supervisors on a regular basis due to the unique nature of the roles (Cavallo et al., 2013), whereas the Mantra Hotel Group reservation department relied on induction training programs before the employee's commencement in the organisation. To a certain extent, this contributed to the differences between the number of times FLMs' provided advice to their employees, because the continuous supervisory training programs provided FLMs and employees with a lot of interaction opportunities. This finding first suggests that informational support is a critical form of FLMs' compassionate responses. Second, the finding potentially offers a channel to promote workplace compassion through implementing supervisory training programs. The training program would be facilitated to encourage frequent communication between supervisors and employees after the induction training of employees. Nonetheless, interviewees from both organisations showed that informational support was a type of compassionate action used by FLMs, and this supports the inclusion of social support theory in the proposed compassion process model of FLM-employee interaction.

Another emerged theme in the interviewees' responses was FLMs providing emotional support as a compassionate response to employee suffering. The theme of emotional support appeared in most interviewees' responses from both organisations when the interviewer asked participants to share their stories about a compassion interaction. Emotional support was often referred to as the main content of social support (Tardy, 1985). It refers to providing caring actions such as validating emotions, comforting, and active listening as a form of social support. Corresponding with Lilius et al.'s (2008) finding, the findings in this thesis indicate that FLMs sometimes used emotional support to respond to employee suffering. For example, a FLM (FLM 5) from the Mantra Hotel Group mentioned that "*she came over to my desk and she let me know that she was... I just wanted her to understand that she shouldn't be embarrassed... and that I completely understand, and that I'll do everything that I can, obviously make her no promises*". In the response, the FLM described the employee's emotions when telling the story of encountering the employee's problem when the employee said that she felt guilty asking for practical help. However, the FLM wanted to reassure and comfort the employee. This example shows that FLMs in the Mantra Hotel Group used emotional support when encountering employee suffering.

Another example of emotional support could be seen from a FLM's (FLM 3) response from the Gold Coast University Hospital. The FLM shared their perception of providing

emotional support as a compassionate response, “*you can be compassionate and kind without words sometimes as well... it’s just about sitting next to somebody. I’m not touchy-feely, but sometimes it is about giving somebody a hug and just say, ‘It’s okay, it’s all right.’*”. In the response, the FLM clarified that responding in a compassionate way is not always about informational support or instrumental support. The compassionate response, as the FLM indicated, is sometimes about *being there* for someone. The FLM’s answer also reinforced the emotional aspects of being there for the employee, which supports the view that emotional support is an important aspect of compassion responses.

FLMs’ appraisal support emerged as a theme in participants responses, which indicates that FLMs’ respond to employee suffering by providing appraisal support. Different from informational support, appraisal support refers to actions such as providing an evaluation of the situation and the individual’s behaviour (Gleason & Iida, 2015). This theme was particularly prominent in the Gold Coast University Hospital interviewees’ responses, which makes sense because Gold Coast University Hospital has a well-established feedback system, where the supervisors frequently provide feedback to employees about their performance. In addition, evaluating their jobs is an important aspect of nurses and other healthcare professionals’ daily work (Abou Hashish, 2017). Healthcare professions require a lot of feedback and information from their supervisors to ensure the validity of their diagnoses on some patients (Thomson, Outram, Gilligan, & Levett-Jones, 2015). This potentially reinforces the FLMs’ habit of providing evaluation and appraisals when encountering an employee suffering situation at the Gold Coast University Hospital.

The finding corroborates with Proposition 4b and the work of Tardy (1985) and Lawrence et al. (2007), where FLMs mobilise distinct types of supportive actions to respond to employees’ suffering. This finding extends the existing organisational compassion literature’s understanding of compassion actions, as it reveals a range of social support actions that have not been discussed empirically or theoretically (Dutton et al., 2014; Lilius et al., 2008). The finding also clarifies Dutton et al.’s (2014) definition of a “breadth of different behaviours, ranging from the mere presence or listening to more elaborated, coordinated, and durable actions that involve directing multiple resources toward a sufferer” (p.283). Future research could quantitatively examine the influence of different types of FLMs’ support on employees’ emotional experiences and longer-term outcomes.

### 6.5.3 Genuineness in Compassionate Action.

Some interviewees mentioned other aspects of compassionate responses that were not previously theorised in the proposed framework (See Appendix 10). The transparency of the interaction was mentioned by several interviewees from both organisations. Genuineness in the interaction was also mentioned by some employees from Gold Coast University Hospital. As Dutton et al. (2014) contended, compassion action differs from social support because compassionate action also focuses on alleviating the suffering. Thus, this justifies that there are other aspects in compassionate responses besides the types of social support. Specifically, one of the employees (Employee 4) from Gold Coast University Hospital mentioned that *“Its’ more like it’s showing empathy and understanding so I think, basically, just the understanding and also making allowances for whatever it may be. But it’s just a genuine connection that you can tell that they’re genuinely caring for you”*. In the response, the employee reinforces that the genuineness in the FLM’s response is crucial to a successful compassion interaction.

The ‘genuineness’ that the interviewee mentioned in the response could be interpreted as the congruence between the FLM’s social support action and their display of care. This is supported by Mehrabian and Wiener (1967) that matching verbal and nonverbal communication is an essential determinant of the genuineness of the information sent. In other words, the incongruences between FLMs’ non-verbal cues and their supportive actions potentially hinders the demonstration of compassion because the employee does not sense the genuineness in their response (Bonaccio et al., 2016; Mehrabian & Wiener, 1967).

Secondly, the genuineness of FLMs’ response also could stem from the motives behind their actions. In this scenario, the FLM’s social support actions were incongruent with their motive. Batson et al.’s (1987) empirical study supports the findings here to some extent, as it argued that distress and empathy lead to two distinctive motives, the first being ‘egoistic’ and the second ‘altruistic’. Although both motives lead to similar helping behaviours, the goals of the helping actions are different, the former focuses on reducing the stress of the self and the other focuses on reducing the stress of the target person (Batson et al., 1987). Thus, FLMs’ egoistic motives could lead to an ungentle response to employees’ situation. This opens up future study opportunities in the genuineness of compassion interaction. Future studies could investigate the relationships between the FLM’s genuine/ingenuine motive and employee’s perception of FLM’s compassionate actions.

However, despite the importance of genuineness in the interviewees’ responses, only the employees from Gold Coast University Hospital mentioned this aspect in their responses. One possible explanation is that the communication framework in hospitals undergoes various

struggles. As Thomson et al. (2015) discussed, a pattern of disruptive workplace communication behaviours can be identified and include intimidating or condescending language, deliberate delays in responding to requests, reluctance to work as a team, and impatience with questions. Employees who work in this type of environment would desire genuineness in communication, because genuine communication overwrites the toxicity of workplace cultures (Frost, 2003). The finding connects FLMs' non-verbal cues and their social support actions, which essentially raise the concern that FLMs need to focus on the congruencies between their social support actions and non-verbal cues. Another future research direction could test several combinations of non-verbal cues that explore the potential possibilities for FLMs to mask their genuineness in their compassionate responses and provide non transparent responses to their employees. Such concept of masking compassion was previously teased by Miller (1997) in her discussion of covert sympathy, where individuals act sympathetic on the surface but does not invest emotions in the process.

#### **6.5.4 Transparency in the information.**

Transparency in communication emerged from several participants' responses when they were asked to share their experiences in engaging in compassion interactions (See Appendix 10). This theme was more prominent in interviewees' responses from the Gold Coast University Hospital than from the Mantra Hotel Group. One of the employee (Employee 2) interviewees' from Gold Coast University Hospital mentioned a theme of transparency in her hypothetical propositions being put in the FLM's position, "*I think it would be really important for all my workers to know that they were being treated exactly the same as the next person. And to have that transparency of communication*". In the response, it was evident that transparency in a compassionate response was important to the interviewee. In addition, the interviewee's response also reinforced the fairness of compassionate actions, as the interviewee mentioned that she expected to be treated the same as other people. A recent discussion by Shahid, Zain, and Shah Alam (2017) justifies this finding and suggests that a manager's honest and supportive communication system plays a key role in organisational success. Specifically, a successful manager's communication system should promote and increase perceptions of fairness regarding the nature of decisions and the processes by which decisions are made (Shahid et al., 2017).

In summary, the finding regarding the transparency in FLMs' responses added an extra aspect to the literature's previous understanding of FLMs' compassionate responses. The finding suggests that employees perceive the transparentness of FLMs' informational support

as indications of whether FLMs are being compassionate. This new concept of transparency was not mentioned in any proceeding literature; hence future research could investigate the influences of FLMs' motives, as to whether they are trying to be transparent or vague, in their compassion responses. Moreover, future studies could also explore employees' perception of FLMs' compassion motives through the evaluation of the level of transparentness of the provided information. Future studies could also develop measures to evaluate this congruency in order to help FLMs better align their non-verbal communications with their compassionate actions. In terms of information transparency, the finding suggests that when responding to employee suffering, fairness and transparency are critical for employees to perceive FLMs' actions as compassionate. Future studies could further investigate the correlations between organisational justice and workplace compassion.

## **6.6 What contextual factors influence FLM compassion process?**

Research question 5 sought to explore the contextual factors that influence FLM-employee compassion process. The findings in this thesis in general supports Dutton et al.'s (2014) propositions, where contextual factors at the individual, relational and organisational level all influence how the compassion process unfolds (See Appendix 11). Dutton et al. (2014) theorised the general potential influences of the environment as *personal contextual factors*, *relational contextual factors*, and *organisational contextual factors*. Personal contextual factors refer to the individual differences and organisational roles of both the focal actor and the sufferer (Dutton et al., 2014). In short, personal contextual factors could potentially influence the compassion interaction process because individual differences could impact the degree of the feeling for the sufferer.

### **6.6.1 Personal Level.**

The first emerging theme of the influencing contextual factor is individual differences. According to Dutton et al. (2014), individual differences include "personality traits and disposition, individual abilities, demographic characteristics, and knowledge" (p.285). When asked about the experience of a compassion interaction, interviewees from both organisations mentioned that the differences between the individual's personality and characteristics played a critical role in how a compassion interaction unfolded (See Appendix 11). For instance, several interviewees from Gold Coast University Hospital shared their opinions on the influences of the organisational environment on compassion interactions between FLMs and employees at work and concluded that "*it's a characteristic or personality trait most people in*

*health would have*". The response demonstrates a general awareness of individual differences, as the participants mentioned phrases such as *"it's a characteristic or personality trait most people in health"* and *"it is important for everybody to recognise where they are themselves"*. These phrases show that the individual differences were obvious in influencing compassion interactions between FLMs and employees. The finding thus highlights that individuals at Gold Coast University Hospital had a general awareness of the differences between individuals.

Similar to the responses from Gold Coast University Hospital, FLMs from the Mantra Hotel Group also mentioned that individual differences influence the way they evaluated the situation of suffering. For example, a FLM (FLM 3) stated that *"it's a personality thing I think, because it could just be that time of their life that this is happening ... it's personality based and there's nothing I physically can do to stop this from happening"*. From the quote, the FLM shared that the appraisal of the employee's situation was influenced by the awareness of the differences between personalities. The FLM thought that the situation of suffering could not be helped due to personality differences. This statement reflects that individual differences, as a contextual factor, influence FLMs' appraisal processes. This finding corresponds with Dutton et al.'s (2014) definition of individual differences and provides empirical evidence for future research.

Another emergent theme was that FLMs' organisational role/job responsibilities influenced the FLM compassion interaction process with employees (See Appendix 11). Several interviewees from both organisations frequently mentioned that FLMs' organisational roles influenced compassion interactions. For example, a FLM (FLM 6) from the Mantra Hotel Group showed concern about his role in this organisation whilst feeling compassionate towards the employee, *"I understand, I know that you have a difficult relationship with the operations manager, but ultimately she is still your boss and you have to go back in to her"*. From this quote, it is clear that the FLM withheld showing compassion towards the employee because the employee's situation and suffering did not fall under FLM's organisational role and responsibilities. Thus, the FLM referred the employee to someone else (the operational manager) in order to solve the problem. This finding corresponds with Dutton et al.'s (2014) proposition and suggests that FLMs' roles and responsibilities can influence the FLM compassion interaction process. Future studies could further investigate the correlations between FLMs' job responsibilities and their responses to employee suffering.

In a comparison between the two organisations, individual differences seem to have had a more prominent influence on compassion interactions in the Mantra Hotel Group than at the Gold Coast University Hospital. One possible explanation is that medical staff members

and general staff members at the Gold Coast University Hospital had fewer individual differences compared to the spectrum of personalities and characteristics in the Mantra Hotel Group. This was evident in the interviewees' responses above, where an employee and FLM stated that there were some characteristics or personality traits most people in health would have. Hospital staff members usually undergo strict and systematic training before they begin their professional practice (Spence Laschinger & Nosko, 2015). However, hospitality staff members have less strict training and selection processes and this results in a broader spectrum of individuals that have different qualifications and skillsets (Tracey & Hinkin, 2008).

In addition, judging by the number of times that the interviewees' mentioned FLMs' organisation role and responsibilities in their responses, FLMs' organisational roles at the Gold Coast University Hospital seem to have had more prominent influences on compassion interactions than in the Mantra Hotel Group. Dutton et al. (2014) contended that an individual's organisational role has three features that are most likely to shape the compassion process. First is the level of professionalism applied to certain roles. Second is the level of cognitive load that the job imposes on role holders. Last is the emotional load that the role takes on in the organisation (Dutton et al., 2014).

These three features potentially explain the differences between the influence of the FLMs' organisational roles in both organisations. Firstly, FLMs at the Gold Coast University Hospital were in a position of *care* (Way & Tracy, 2012) and their job responsibilities required them to regularly provide patient care as well as employee supervision. On the other hand, although FLMs in the Mantra Hotel Group were concerned about their employees' wellbeing, the primary characteristics of the role were on customer relations and other financial-oriented tasks. Secondly, FLM interviewees' responses primarily illustrated that they "*had [their] hands full*" on a daily basis, which hints that, from their point of view, their job responsibilities were demanding. This justifies why FLM interviewees from both organisations frequently mentioned the influences of their job responsibilities on their decisions to interact with their employees in a compassionate way. Thirdly, the emotional load of FLMs' jobs at the Gold Coast University Hospital were higher than those in the Mantra Hotel Group. Employees who work in hospitals encounter emotionally traumatic incidents more frequently than those who work in the hospitality industry (Duffy et al., 2015). Thus, FLMs at the Gold Coast University Hospital had a higher tendency to encounter employee emotional suffering than FLMs' in the Mantra Hotel Group. This potentially shaped the nature of the FLMs' work at the Gold Coast University Hospital, which influenced the way that their organisational roles influenced compassion interactions.

### 6.6.2 Relational Level.

According to Dutton et al. (2014), relational contextual factors can be summarised into two main variables: relationship quality and power dynamics (p.289). Relationship quality refers to the level of closeness, similarities, trust, support, and empathic concern between FLMs and employees in an organisation (Dutton et al., 2014; Settoon & Mossholder, 2002).

Together, these factors indicate the level of quality of the relationship between FLMs and employees. Interviewees from both organisations mentioned this relational factor when asked about their perceptions about what might influence compassion interactions between FLMs and employees (See Appendix 11). For example, a FLM (FLM 6) interviewee from the Mantra Hotel Group stated that the FLM's closeness with the employee influenced the FLM's compassionate response, *"I'd come from managing one person, and that person and I had a very good relationship"*. It was evident that the FLM felt it was easier to respond to the employee's suffering because the employee had a "good relationship" with her. Another example is an employee's (Employee 5) response from Gold Coast University Hospital, *"I didn't trust whoever the new manager [was] ...they don't even know what's going on...I don't really speak to anyone except my teammates"*. The interviewee mentioned phrases like 'trust' 'they don't know', and 'what do they care', which hinted that they placed a low level of trust on the new FLM.

Another theme of relational contextual factors is 'power dynamics' and was defined by Dutton et al. (2014) as "a dyadic relationship at work that can affect both the sufferer's expression of suffering and the likelihood that focal actors will engage in compassion" (p.289). The emerging theme supports this definition, because interviewees from both organisations mentioned that power dynamics between FLMs and employees could influence compassion interactions. For example, an interviewee (Employee 3) from the Gold Coast University Hospital mentioned that FLMs were considered to be in a power position, which potentially made their words and actions more impactful than other front-line employees, *"there is always a power differential where something that, so you have to actually be very careful when you're in a manager role"*. The interviewee further illustrated that this power status potentially influenced the compassion interaction between FLMs and employees because the FLMs need to be more considerate in their responses.

In addition, an interviewee (Employee 4) from the Mantra Hotel Group indicated the potential influences of the power dynamics on the compassion interactions between FLMs and

employees, *“it’s not the easiest thing to be able to, you know, go up to one of the leaders, and I guess, confront or ask them about that”*. The response did not mention power dynamics, but the description implied that the power differences between FLMs and employees influenced employees when approaching FLMs for support. This corresponds with Dutton et al.’s (2014) theoretical definitions that social power influences sufferer’s expressions of suffering.

In view of the number of times that interviewees from each organisation mentioned both themes (relationship quality and power dynamics), it is reasonable to conclude that relationship quality had slightly more influence on compassion interactions between FLMs and employees in the Mantra Hotel Group than at Gold Coast University Hospital. However, no literature could potentially justify these differences. Future research could comparatively investigate and explore the reasons for the different influences of relationship quality on FLM-employee compassion interactions.

In addition, power dynamics appear to have had a more prominent influence on the FLM compassion interaction processes at the Gold Coast University Hospital than at the Mantra Hotel Group, as the theme emerged more frequently at the Gold Coast University Hospital than in the Mantra Hotel Group. This could be justified by the values of employees’ positions. As Trepanier et al. (2012) argued, registered nurses (RN) undergo a strict and arduous training process, which primarily comprises training by supervisors. Moving from RN to senior RN then requires years of experience and opportunities (Trepanier et al., 2012). The invested time and resources add value to these positions, and thus increases the power distance between junior level and senior level employees (Thye, 2013). Thus, because of the invested value of each employee, the power distance between FLMs and employees of the Gold Coast University Hospital would be larger in comparison to the Mantra Hotel Group. As for the Mantra Hotel Group, the power distance between the FLMs and employees appeared to be less prominent than the Gold Coast University Hospital, which potentially reduced the employees’ awareness of the power dynamics in the workplace.

### **6.6.3 Organisational Level.**

Organisational culture refers to the combination of shared beliefs and values of an organisation, as well as the generally accepted emotional display norm in the workplace (Chen, Kim, Sherman, & Hashimoto, 2015; Dutton et al., 2014). Dutton et al. (2014) specified that organisational culture refer to the repeated pattern of actions and programs that aim to produce efficiency and coordination. Both themes emerged from the interviewees’ responses at both organisations (See Appendix 11).

In terms of organisational culture, when asked about some of the influencing factors on compassion interactions between FLMs and employees at work, an FLM (FLM 2) from Mantra Hotel Group mentioned that the “Some are very strict and to the point, *“No, you’re here to work. Don’t have relationships and talk and gossip,” however, but I feel that... as long as you’re getting your work done, then I think that they’re more productive*”, which leads to the illustration that having a less restricted environment and allowing for expressing of personal emotions and opinions is an ideal norm that is beneficial to all people in the workplace. In addition, the FLM interviewee also reiterate the impact of the norm on employees’ productivity, where the environment of isolate from one another and not allowing expressing personal emotions and opinions are not productive to the employees. This observation made by the FLM indicates that the norm and culture in the workplace could influence the workplace relationships. As mentioned in the quotes, personal relationships are established through talks and chats in the workplace. The restriction on building informal connections between individuals hinders the employees’ connection with FLMs as well. Thus, the culture in the workplace can be seen as a regulator of workplace relationships, which further regulates compassion interactions between FLMs and employees.

Regarding organisational practice, an example would be the response provided by one of the FLMs (FLM 3) from the Gold Coast University Hospital, *“I already have these amounts [sic] of people on leave over this period of time, and actually, it’s policy that nurses don’t book RDOs around public holidays, either side of public holidays, and here’s the policy that supports it”*. The FLM interviewee mentioned that organisational policy, as part of organisational practice, potentially influences the compassion interaction between FLMs and employees. The response indicates that the FLM made the decision to not agree to the employee’s request based on organisational policy. This provides an example of the influences of organisational practices on compassion interactions between FLMs and employees.

In a comparison between the two organisations, both emerged themes were prominent in interviewees’ responses. In view of the number of times each theme appeared in interviewees’ responses, organisational practice appears to have had more influences on compassionate interactions between FLMs and employees at the Gold Coast University Hospital than the Mantra Hotel Group. One of the reasons for this could be because the Gold Coast University Hospital had more established programs and organisational policies to ensure the efficiency of daily operation and coordination (Dutton et al., 2014). It is evident in the interviewee’s response above that the FLM’s decision was influenced by organisational practices. In terms of organisational culture, interviewees from both organisations mentioned

this theme a similar number of times. The frequency of these occurrences could indicate that, regardless of the differences between the organisational cultures, the shared beliefs, values, and norms in each workplace had a similar level of influence on compassion interactions between FLMs and employees.

The findings regarding the influences of contextual factors on FLMs' compassion process specifically pinpointed several contextual factors that influence FLMs' compassion process from the individual, relational and organisational levels. In line with Dutton et al. (2014), the findings contributed to the understanding of how contextual factors in organisations could influence FLMs' compassion capabilities and thus further influence how FLMs' compassion interaction episodes unfold. In addition, because this thesis adopted a qualitative approach to exploring the influence of contextual factors, the findings also reveal how those contextual factors influence FLMs' compassion capabilities. Seen above in the discussion, FLMs' job responsibilities, at times, influenced FLMs' cognitive appraisals when encountering employees' suffering. The relationship qualities and power dynamics between FLMs and employees influence both FLMs and employees and therefore the contextual factors altered the relationship distance between the FLMs and employees. The altered distance then created uncertainty between FLMs and employees (Kanov et al., 2016). At the organisational level, in line with Dutton et al. (2006) and Worline and Dutton (2017), organisational practices and policies are the external forces that restrict FLMs' behaviours when responding in compassion. These findings open up future study directions on testing the influences contextual factors over specific components of FLMs' compassion process (e.g., appraisals & compassionate responses).

#### **6.6.4 Organisational Change and Available Resources.**

Other contextual factors that influence FLMs' compassion interaction processes are *organisational change* and *available resources* (See Appendix 11). Changes occurred at the Gold Coast University Hospital, as mentioned by a few employees and FLMs in their interviews, where they shared stories regarding engaging in compassion interactions. Organisational change was reported to influence the quality of the relationships at Gold Coast University Hospital's operational procedures. One of the FLMs mentioned that "*I manage two separate teams to do that, diverse teams; they were quite fragile, I suppose, when I first started. They've been through a lot of change, and I really feel that they needed some support, some leadership*". From the response, the FLM mentioned that because of the recent change, one the teams were quite vulnerable to suffering. This influenced the FLM's compassion interaction

with the team members, because the FLM wanted to show more support to the team that had been through changes. Thus, the changes that occurred at the Gold Coast University Hospital influenced the FLM's approach to managing her teams. This draws the conclusion that organisational change could influence FLM's compassion interaction processes, because the FLM's approach to managing her team would then set the tone for the FLM's responses to employee suffering.

Another contextual factor that appeared to influence the FLM compassion interaction processes was the availability of resources. One of the employees (Employee 3) mentioned that *"There're always things that she'll forget to do because she's busy, but that's more just because she had too many things to do and it's not a personal thing"*. From the response, the employee perceived that she did not feel compassion from her FLM because the FLM was not available. This suggests that the availability of resources could influence how FLMs respond to employee suffering. Organisational resources include the information, time, leadership, and other practical support an individual can access in the organisation (Nahrgang et al., 2011). The FLM that was mentioned in the employee's response appeared to have limited time to complete tasks because the FLM always had *"too many things to do"*. This could also be seen from FLMs' responses in terms of their cost-benefits evaluation. For instance, as mentioned above, FLMs from the Mantra Hotel Group had a clearer understanding of the costs and benefits of their compassionate actions than FLMs from the Gold Coast University Hospital (Goetz et al., 2010).

This finding was not supported by the theoretical framework; however, it was expected that other organisational contextual factors could also influence the FLM compassion interaction process and therefore expand Dutton et al.'s (2014) proposed influencing contextual factors. Future research could further investigate the influences of organisational changes on the FLM compassion interaction process. For instance, studies could quantitatively examine whether changes in the organisation, such as leadership changes and change of organisational strategies, could influence FLMs' appraisals in responding to employee suffering or the delivery of their responses (e.g., selection of social support actions).

## **6.7 Summary**

In summary, the findings in this thesis include that: 1) FLMs utilise emotional intelligence abilities to perceive and understand employees' emotional expressions when noticing their

suffering, 2) FLMs appraise employees' suffering situations in regards to aspects of deservingness, relatedness, and severity, 3) FLMs engage in emotion-focused and problem-focused coping processes during compassion interactions, 4) FLMs experience emotions of love, fear and anger when encounter employees' suffering, 5) FLMs' non-verbal aspects in their responses influence the exemplification of compassion during compassion interactions with employees, 6) FLM's enacted social support actions influence the exemplification of compassion during compassion interactions with employees, and 7) contextual factors such as FLMs' job responsibilities, individual differences, relationship quality, power dynamics, organisational culture, organisational change, and available resources may influence FLM's compassion interaction process. The findings in this thesis therefore answered the research questions.

The implication of these findings is twofold. First, the findings are a testimony to the fact that interpersonal compassion study is still at the preliminary stage. The qualitative nature and the findings of this study signal that there are many unknowns regarding the compassion interaction process. Dutton et al.'s (2014) compassion interaction framework is a positive start but requires further refinement of the subcomponents. In order to obtain a comprehensive, objective understanding of compassion interactions in an organisation, scholars need to further investigate and examine the nuances between the subcomponents in the compassion process. For instance, based on the findings of this thesis, future studies could develop measures to further examine the correlations between the subcomponents in the process framework.

Second, the findings indicate that emotion-related abilities are the key to unpack compassion process. FLMs' emotional intelligence abilities, emotion-regulation abilities, emotion-focused coping abilities, and emotional expression abilities (non-verbal communication) have been demonstrated to influence the process of compassionate interaction with employees. The findings expand the preceding understanding of compassion process by reinforcing the underlying emotion-related abilities. These emotion-related abilities could be used to explain why compassion falters. They can also be seen as an anchor point for future studies on compassion process. In terms of training and development, in order to cultivate an compassionate organisational culture, FLMs' emotion-related capabilities should be the focal point of organisation's training and development.

## **Chapter 7. Conclusion**

### **7.1 Introduction**

The thesis explored the FLM compassion process with employees in health and hospitality industries. FLM compassion process was chosen as the focal point of exploration because, firstly, exploring compassion at the interpersonal level can help move organisational compassion studies to a nuanced level of understanding, because interpersonal compassion interaction potentially fabricates a compassionate organisational culture (Dutton & Glynn, 2007). As Frost (1999) contended, compassion in the organisation draws out the life of organisations, where people are connected spiritually and emotionally in the workplace. The abundant benefits of compassion, such as employees' improved organisational citizenship behaviours, improved emotional resilience, and positive changes of leadership behaviours call for the further study of organisational compassion (Karakas & Sarigollu, 2013). Secondly, understanding the FLM compassion interaction process could help operationalise compassion in organisations (Dutton & Glynn, 2007). FLMs are responsible for a variety of roles, including creating and maintaining customer/client contact, troubleshooting potential issues with clients/customers, budgeting management, routine people management, providing informational support to front-line employees, and internal communications (K. Townsend & Russell, 2013). The interactions between FLMs and employees are the cornerstone of the organisation's daily operations (Hales, 2005; Purcell & Hutchinson, 2007). However, even with the many attempts to explore the phenomenon, interpersonal compassion interaction studies are still at the preliminary stage (Dutton et al., 2014).

This thesis explored the compassion interaction process because it has been an undermined area of study since Dutton et al.'s (2014) research. Overall, this thesis has presented detailed discussions on the theoretical development of Dutton et al.'s (2014) compassion interaction framework. In addition, using a semi-structured interview data collection method, this thesis showcased empirical evidence that not only supports the theoretical development of Dutton et al.'s (2014) framework but also creates opportunities for future studies. The theoretical and empirical contributions of this thesis notwithstanding, this thesis also provides evidence that will help operationalise compassion in the workplace, particularly in hospitals and hotels. With the nuanced breakdown of the compassion interaction process, this thesis presents a clear outline of the subcomponents of Dutton et al.'s (2014) compassion interaction process. The exploration of those subcomponents in practice provides a realistic, detailed understanding of the compassion interaction process.

Organisational compassion study derives from positive organisational scholarship and explores the influence and impact of compassion, a social phenomenon, in organisation settings (Kanov et al., 2004). Interpersonal compassion interaction in workplaces has caught the attention of many organisational compassion scholars (Atkins & Parker, 2012; Dutton et al., 2014; Kanov et al., 2004, 2016; Miller, 2007; Way & Tracy, 2012).

Understanding the FLM compassion interaction process could help to operationalise compassion in organisational practice (Frost et al., 2006; Kanov et al., 2004). In exploring the FLM compassion interaction process in an organisation, 28 semi-structured interviews were conducted to gather data from two participating organisations (the Mantra Hotel Group and Gold Coast University Hospital). The participating organisations were from industries where the employees of the companies were required to maintain a level of enthusiasm and proper display of emotions during working hours (Grandey & Melloy, 2017). The consequence of emotional labour is that employees in these types of organisations and industries are prone to burnout and detachment, which potentially leads to increased levels of suffering (Brotheridge & Grandey, 2002). The framework that this thesis used to explore the phenomenon of FLM compassion interaction was based on Dutton et al.'s (2014) compassion process model. The following sections firstly review the content in each chapter and then discuss the contributions of this thesis, as well as future research directions in detail. Following the discussion of future research direction, the limitations of this thesis are presented.

## **7.2 Outline of Chapter 2**

Chapter 2 provided justifications of the importance of studying interpersonal compassion interactions in contemporary organisations. Specifically, this thesis examined interpersonal compassion interactions in organisations, because it is argued that interpersonal interactions are the fabric of the organisation (Fischer, 2014; Frost et al., 2006). Frost et al. (2006) contended that quality interpersonal interactions at work often have a great impact on employees' self-esteem, feelings of importance, and connection with their organisation. Viewing compassion as a form of interpersonal work can help create a holding space for pain in the organisation, a psychological space that "provides an environment in which people have an opportunity to grieve and to regroup" (Frost et al., 2006, p. 14). Therefore, studying compassion at the interpersonal level yields many benefits for organisations. However, in order to operationalise compassion in workplaces, a clear understanding of the interaction process is warranted.

After acknowledging the importance of studying interpersonal compassion interaction, Chapter 2 identified and discussed the gaps in the literature, such as how current interpersonal compassion literature lacks clarity in theorising each sub-component of the interaction process (Kanov et al., 2016). Dutton et al.'s (2014) compassion model was criticised as being naïve in portraying compassion interaction process in practice. Simpson et al. (2014a) argued that Dutton et al.'s (2014) compassion interaction theory was too idealistic and could not explain why compassion interaction fails in reality. Dutton et al.'s (2014) framework considers many potential influencing factors that are external to the process of compassion interaction (e.g., contextual factors). Kanov et al. (2016) later added the concept of 'uncertainty' to Dutton et al.'s framework as they intended to justify why compassion falters from time to time in practice. However, this thesis argues that the issue with Dutton et al.'s (2014) model is due to the lack of clarity in theorising the subcomponents of the compassion interaction process. Therefore, this thesis concentrated on clarifying the sub-components in the compassion focal actor's interaction process.

Followed by the identification of the gaps in the proceeding literature, Chapter 2 outlined the development of the compassion process view from Kanov et al.'s (2004) work to Dutton et al.'s (2014) paper. Between the work of Kanov et al. (2004) and Dutton et al. (2014), other groups of researchers also explored the process of compassion interaction at work (Atkins & Parker, 2012; Miller, 2007; Way & Tracy, 2012). Atkins and Parker (2012) introduced the appraisal component in the interaction process, while others expanded the concepts of noticing, feeling, and action based on the previous literature (Miller, 2007; Way & Tracy, 2012). The discussion in the literature review chapter followed the order of noticing, sensemaking, feeling, and acting, as this was the sequence of the interpersonal compassion interaction process proposed by Kanov et al. (2004). Dutton et al. (2014) summarised the preceding literature and developed a framework that also considers the environmental influences (contextual factors) over the process of compassion interaction. Post the review of the preceding literature on each of the subcomponents in Dutton et al.'s (2014) model, five research questions were developed that sought to explore each of the sub-components of compassion interaction (as listed below).

*RQ1. How do FLMs notice their employees' suffering?*

*RQ2. How do FLMs appraise interaction characteristics when they encounter employee suffering?*

*RQ3. What emotions do FLMs feel when they encounter employee suffering?*

*RQ4. How do FLMs exemplify compassion?*

*RQ5. What contextual factors influence the FLM compassion process?*

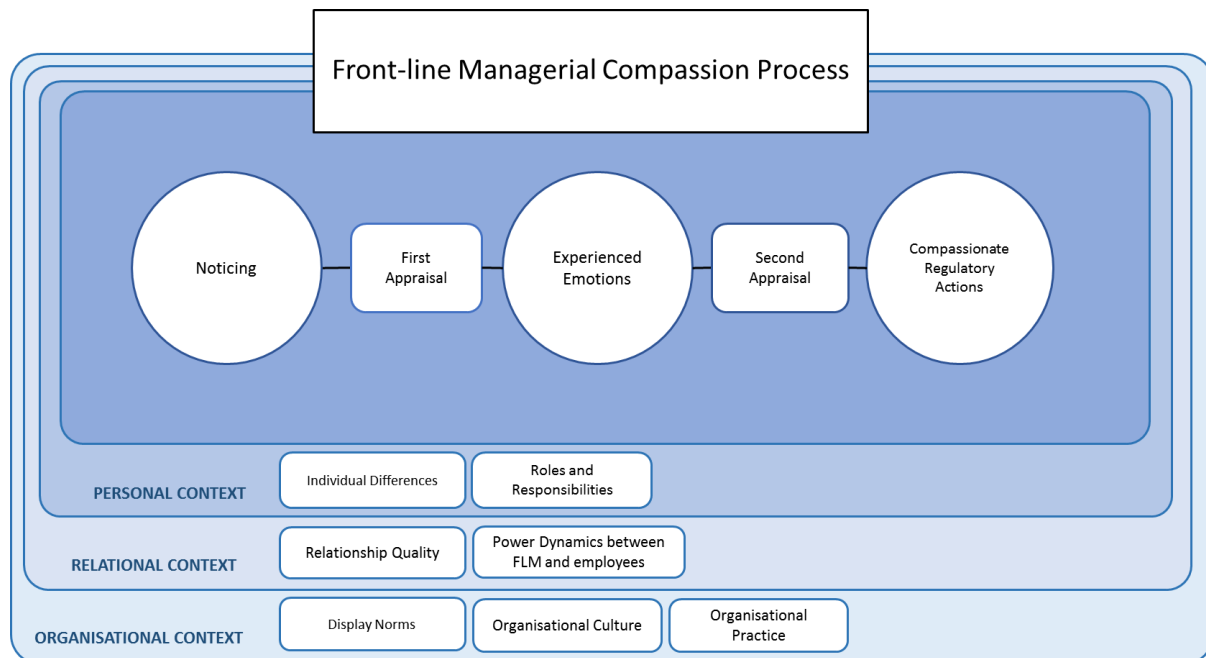
### **7.3 Outline of Chapter 3**

Chapter 3 outlined the theoretical framework used in this thesis, which clarified the FLM compassion interaction process by including several well-established theories and concepts, including emotion intelligence (Mayer et al., 2016), emotion prototypes (Shaver et al., 1987), appraisal and coping (Ellsworth, 2013; Lazarus & Folkman, 1984), emotion regulation (Niven, Totterdell, Holman, & Headley, 2012; Zaki & Williams, 2013), non-verbal communication (Bonaccio et al., 2016), and social support (Sheldon, Cohen & Wills, 1985; Gleason & Iida, 2015; House, Umberson, & Landis, 1988). With the inclusion of these theories and concepts, a framework for a FLM compassion interaction process was proposed (see Figure 7.1). The proposed framework was developed to guide the empirical explorations of this thesis. Unlike Dutton et al.'s (2014) compassion process model, the proposed framework in this thesis concentrates on the FLM compassion interaction process.

The proposed theoretical framework rested on four qualities: 1) pursuing theoretical clarity of the sub-components in compassion interaction process, 2) selecting a focal compassion actor (FLMs), 3) emphasising the emotional regulatory nature of compassion interactions in the workplace, and 4) simplified dynamics between the first sub-component (noticing) in the compassion interaction process to the last (action). Unlike Dutton et al.'s (2014) model, the proposed framework in this thesis focuses specifically on FLMs' (i.e., compassion focal actor) compassion interaction process. The dynamic arrows between the subcomponents of compassion interaction have been stripped away in the proposed framework. The idea is to direct the attention towards exploring the nuances of each sub-components in the process instead of the general dynamic between each component (See Figure 7.1.). This thesis also acknowledges that there are many possible explanations for why the compassion interaction falters and does not disregard the possibility of including uncertainty in the compassion interaction process (Kanov et al., 2016).

The theoretical development of this thesis revolved around incorporating well-established theoretical frameworks and well-studied concepts into the compassion interaction process subcomponents. In conceptualising noticing, FLMs are believed to utilise their emotional intelligence abilities to perceive employees' emotions, understand their emotional expressions, and utilise emotions to generate cognitive thought processes when noticing others' suffering (Mayer et al., 2016). Incorporating emotional intelligence is crucial to explain why

compassion falters, because FLMs' emotional intelligence potentially influences the level of accuracy with which they understand employees' emotional expressions (Mayer et al., 2016). When developing the appraisal component, Nussbaum's (1996) three fundamental judgements of compassion (severity, deservingness and relatedness), as well as Lazarus and Folkman's (1984) appraising and coping theory were integrated into this thesis. In addition, the proposed framework also separated the first appraisal from the second appraisal based on C. D. Cameron and Payne's (2011) finding, where individuals who withdraw from responding to suffering in compassion have a decision making process after experiencing distressful emotions from the encounter. This thesis included social support theory to conceptualise compassionate actions (Gleason & Iida, 2015). Non-verbal communication literature (Bonaccio et al., 2016) was used to theoretically clarify how FLMs' exemplify compassion through their actions.



**Figure 7.1. Proposed Front-Line Managerial Compassion Framework**

## 7.4 Outline of Chapter 4

Chapter 4 outlined the philosophical paradigm of this thesis and the methods adopted in this thesis to explore FLMs' compassion interactions in real life organisations. This thesis falls within the interpretive philosophical paradigm (Guba & Lincoln, 2005). Specifically, ontologically, it is believed that there are multiple, constructed realities (Guba & Lincoln, 2005). Epistemologically, the interpretivist paradigm believes that the inquiry is value-bound, which makes it impossible to distinguish the researchers and the phenomena (Norman K. Denzin & Yvonna S, 2005; Guba & Lincoln, 1994; Teddlie & Tashakkori, 2009).

Ontologically, the interpretivist paradigm believes that multiple realities are constructed through our lived experiences and interactions with others (Guba & Lincoln, 2005). Following the interpretivist paradigm, this thesis adopted a qualitative methodology, which allowed the researcher to inductively explore how systems and behaviours interact in the management of voice (Denzin, 2009). In terms of research method, this thesis used a case study method to explore the phenomena of FLMs' compassion interaction. As discussed in Chapter 4, a case study concentrates on the experiential knowledge of the case and pays close attention to the influences of its social, political, and other contexts (Richards & Morse, 2013; Stake, 2005; Yin, 1994).

Two organisations (Gold Coast University Hospital and the Mantra Hotel Group) were selected to participate in the research in order to be able to compare the two distinct contexts and discover the potential influences of different work environments on the FLM compassion interaction process. The results yielded interesting findings that sought to answer the research questions and provide opportunities for future research directions. In general, the findings regarding each of the subcomponents of the FLM compassion interaction process corresponded with the theoretical propositions in this thesis. For instance, one of the findings suggests that FLMs use emotion-intelligence abilities (e.g., perceiving emotions, understanding emotions) when noticing employee suffering. In addition, another finding indicated that FLMs' non-verbal displays play a critical role for FLMs to exemplify compassion. Another finding indicated that FLMs appraise the encountered employee suffering using Nussbaum's (1996) account of three judgement and emotion-focused coping and problem-focused coping mechanisms (Folkman, Lazarus, Dunkel-Schetter, et al., 1986).

## **7.5 Outline of Chapters 5 and 6**

Chapter 5 outlined the results from the data analysis of the semi-structured interview questions and Chapter 6 provided an in-depth discussion of the results in relation to the theoretical framework. The findings answered the five research questions and contributed to the existing knowledge regarding the FLM compassion interaction process in three ways. In general, the results in this thesis have created further understanding of the subcomponents of the FLM compassion interaction process to a nuanced level. The congruence between the results and the theoretical propositions suggests that the inclusion of emotional intelligence, coping and appraising, emotion regulation, non-verbal displays, and social support theory is a step in the right direction towards achieving a nuanced understanding of the compassion interaction

process (Bonaccio et al., 2016; Folkman, Lazarus, Gruen, et al., 1986; Gleason & Iida, 2015; Mayer & Geher, 1996; Zaki & Williams, 2013). While Dutton et al.'s (2014) compassion interaction model summarises the compassion interaction process as well as the influencing contextual factors, the model does not offer a clear conceptualisation of each of the subcomponents. However, this thesis found that while the components of the original model are evident, additional elements, such as the second appraisal, are also critical to the compassion interaction process.

Secondly, the newly discovered content, such as second appraisal, non-verbal displays, and additional contextual factors expand understanding of the compassion interaction process. For instance, one of the uncharted findings related to FLMs' thoughts during compassion interactions. The finding suggests that FLMs engage in thoughts to cope with felt emotions after encountering employee suffering. This finding supports the proposition that a coping mechanism exists in a compassion interaction, and thus suggests that FLMs' ability to cope with the felt emotions could influence the outcome of the interaction (Atkins & Parker, 2012; Smith & Ellsworth, 1985). In addition, another finding regarding FLMs' non-verbal displays in exemplifying compassion suggests that FLMs' body language when responding to employee suffering is crucial to exemplifying compassion. For instance, several employees mentioned that they felt no compassion from FLMs even when the FLMs responded to their situations with practical actions, because the FLMs responded with no pleasant facial expressions or body gestures.

The comparison between the results of the two organisations demonstrates how organisations influence FLMs' capabilities in responding compassionately. For instance, FLMs from the Gold Coast University Hospital were more 'precise' in labelling and identifying the sufferer's emotions. This was concluded because the FLM interviewees from the Gold Coast University Hospital mentioned emotion terms more frequently when describing their encounters with their employees' than those from Mantra Hotel Group. This was justified by the characteristics of hospital jobs, which expose employees (both FLMs and front-line employees) to distressful emotions and place a high demand on employees' emotion-related abilities, such as perceiving patients' emotions and displaying sympathetic emotions during interactions with patients (Grandey & Melloy, 2017). Moreover, the professional training of hospital staff may also play a role in causing the differences in FLMs' ability to identify and label the employees' emotions, because nurses and other allied health workers receive extensive training in their university studies and work placement. One of the interviewees (FLM 3) from Gold Coast University Hospital mentioned that their training predominately

revolved around modules of problem-solving in different patient cases.

The findings from comparing the two organisations indicate that workplace training could potentially influence FLMs' ability to respond to employee suffering. For example, FLMs' ability to perceive employees' emotional experiences is crucial in noticing employee suffering. Mayer et al. (2016) contended that the ability to perceive emotion involves an individual's capability to perceive emotions in other people through their vocal cues, facial expression, language, and behaviour (p.5). Thus, training in their tertiary education and work placements may contribute to an employees' ability to identify and label emotions (Trepanier et al., 2012). On the other hand, FLM interviewees from the Mantra Hotel Group were more observant of the differences in employees' emotional displays rather than the identification of what their emotions actually were. This was reflected in the FLMs' responses, where they mentioned that some of the employees were behaving differently but they could not identify the employees' emotions. Empirically, the findings in this thesis add to the empirical evidence in the proceeding literature on compassion interactions. In comparison, this thesis has empirically established connections between many facets of FLMs' capabilities, such as emotional intelligence, cognitive appraisal, and non-verbal communication and the compassion interaction process.

## **7.6 Contributions**

First, this thesis contributes to a developed FLM compassion interaction framework that contains clarified, well-theorised subcomponents. The subcomponents of the interaction process were conceptualised using well-established theories, such as the emotional intelligence theory, coping and appraisal theory, non-verbal communication theory, and social support theory. These theories offer a clearer lens for examining the compassion interaction process, specifically for the compassion focal actors. For instance, a compassion actor utilises their emotional intelligence abilities to notice an individual's suffering (Mayer et al., 2016). Such inclusion not only provides a rigorous explanation of how compassion actor notices suffering but also it gives confidence to researchers to use emotional intelligence measures to quantitatively examine how compassion actors notice suffering in different interaction scenarios. The empirical explorations in this thesis also support the inclusion, which confirms the connection of compassion actor's emotional intelligence and their capabilities to notice suffering. Other theoretical clarifications in this thesis include how the compassion focal actor appraises the situation before responding in compassionate actions (Smith & Ellsworth, 1985)

and how the focal actor's utilisation of non-verbal cues (Bonaccio et al., 2016) and social support actions (Gleason & Iida, 2015) influence how their compassionate responses are perceived by the sufferer. All of these clarifications use well-established theories to reconceptualise compassion actor's compassion process components. Thus, the developed theoretical framework in this thesis offers a firm theoretical foundation for studying compassion interaction.

Second, the contribution of this thesis is that the findings extend the previous empirical findings and theoretical understandings regarding compassion process components. For instance, one of the findings added to Lilius et al.'s (2008) findings as the data suggest a range of social support actions, such as providing practical information to help alleviate the situation and reassuring the employees' emotions, that were not mentioned in their work. Lilius et al. (2008) briefly attempted to identify the forms of compassion in an organisation but the findings in this thesis offer a wider range of actions that are perceived as compassion by both FLMs and employees. Specifically, in line with Gleason and Iida (2015), a number of FLMs mentioned in their narratives that they consciously utilised some social support actions in organisations when responding to employee suffering (e.g., emotional support, appraisal support, practical support, and informational support). Nonetheless, the findings, in general, extend the previous empirical findings and theoretical accounts of compassionate actions by revealing new aspects in each of the subcomponents of FLMs' compassion process.

Third, this thesis specifically focused on FLMs' compassion capability. This is the first time the FLMs' compassion capability was theorised and explored. The findings in this study recognise FLMs' important role in cultivating compassionate organisation culture and indicates ways for FLMs to be compassionate when encountering employees' suffering. The theoretical development, as mentioned above, offers a rigorous conceptualisation of FLMs' compassion process, which indicates that FLMs' compassion capabilities are associated with various abilities such as emotional intelligence, coping and appraisal, providing social support actions, and displaying appropriate non-verbal cues (Bonaccio et al., 2016; Mayer et al., 2016; Smith & Ellsworth, 1985). The empirical findings corroborate with the theoretical propositions and reinforce the need for FLMs to develop these abilities in order to be more compassionate in organisations (Sok, Blomme, Ruiters, Tromp, & Lub, 2013). Thus, the findings in this thesis not only offers empirical evidence to elaborate the details in an FLM and employee compassion interaction in practice but also suggest a recipe to operationalise compassion through developing FLMs' capabilities (2005). Organisations could provide mindfulness training for

FLMs to develop their cognitive abilities to cope with difficult conversations with their suffering employees (Gilbert, 2014; Seppala et al., 2014).

In addition to the contribution identifying and understanding FLMs' compassion capability, this thesis focuses on the compassion process from an emotions theory viewpoint. In the theoretical development chapter, Dutton et al.'s (2014) compassion process model was used as a framework and extensive literature was selected and reviewed to clarify the subcomponents of the focal actor's compassion process. It is therefore proposed that FLMs' emotional intelligence, coping, and appraisals, non-verbal communication skills and selecting social support action correlate with their compassion capabilities. The results from the analysis of the interview data from two participating organisations corroborate with the theoretical propositions. The data provide empirical support to the inclusion of those theories and indicates future research opportunities. The findings provide a rich explanation of how FLMs notice employees' suffering, how FLMs' appraises the situation and characteristics of the sufferer, and how FLMs respond to employees' suffering using non-verbal cues and social support actions. The following paragraphs specify the contributions that this thesis makes to the theories, empirical evidence, and practice of organisational compassion.

## **7.7 Future Research Direction**

Future research could expand on the theoretical clarifications regarding FLMs' cognitive thought processes in compassion interactions. As mentioned in Chapter 6, the relationship between FLMs' first appraisal and second appraisal require further clarification. Thus far, there insufficient empirical evidence to support the argument that second appraisal occurs after the experienced emotions. Cognitive components play a central role in the FLM compassion interaction process (Dutton et al., 2014; Goetz et al., 2010). Further clarification of the cognitive components would lead to a more nuanced understanding of compassion interactions and why they may falter in practice (Kanov et al., 2016).

Several future research directions have been identified from this research. First, future research could focus on the influences of FLMs' emotional intelligence on their ability to engage in compassion interaction. The findings of this study support that FLMs' emotional intelligence ability plays a role in recognising employee suffering because the FLM interviewees often described perceiving employees' suffering by identifying their emotional expressions and understanding them (Mayer et al., 2016). These two aspects demonstrate the importance of emotional intelligence in the compassion interaction process and that FLMs'

emotional intelligence influences the way that they engage in compassion interactions and this would be worth exploring as part of a future research study.

Second, future research could investigate FLMs' cognitive thought processes during compassion interactions. The findings in this thesis suggest that FLMs engage in two different cognitive thought processes (first appraisal and second appraisal) that could be summarised as "Whether the employee deserves the compassion?" and "How can I cope with the emotional and practical consequences?". Current compassion literature has avoided the distinction and combined them together as sensemaking (Dutton et al., 2014). However, the findings suggest that these two cognitive thought processes potentially occur before and after the experiencing of emotions. It is therefore important to separate the two appraisals in future research, because the two cognitive appraisals could potentially be influenced by factors such as the individual's values, morality, and personal experiences. The first appraisal could be influenced by FLMs' values and morality, as the questions that were asked during the first appraisal reflected the FLMs' moral judgement and view of justice (Nussbaum, 1996). On the other hand, the second appraisal could be influenced by the FLM's experiences and abilities in coping with the encountered situations and experienced emotions.

Third, future research could further investigate other contextual factors that influence compassion interactions between FLMs and employees. This thesis was limited by the selection of organisational contexts: health and hospitality. However, other industries such as manufacturing and software design industries could be selected for future studies (Dutton et al., 2014) and could offer interesting insights into how FLMs in factories communicate with employees compassionately.

In addition, a quantitative methodology could be used to examine the correlations between FLMs' subcomponents (e.g., noticing, cognitive appraisals, experienced emotions and actions). The examination of the relationship between each sub-components of the compassion interactions could help to clarify how compassion interactions unfold, which would further improve understanding of interpersonal compassion (Dutton et al., 2014).

Another direction for future research could focus on other interactive dynamics (e.g., employee, employee and senior management) as the platforms for studying compassion interaction. In using quantitative methods, future studies could examine the phenomena of interpersonal compassion between FLMs and employees. Examining compassion interactions on the level of FLM and employees could help move organisational compassion studies to an interpersonal level, which is essentially the key to operationalising compassion in organisations.

The research design of this thesis did not use quantitative measures to determine the associations between FLMs' emotional intelligence and their capabilities in identifying employees' suffering. Therefore, there is an opportunity for future research to investigate this process from a quantitative point of view. The value of understanding these relationships is to encourage the integration of other aspects of emotional intelligence abilities in other parts of the compassion interaction process. For example, studies could explore the influence of FLMs' emotional intelligence on their experienced emotions during compassion interactions. The intensity of FLMs' emotional experiences could potentially influence the decisions they make in responding to the encountered suffering (C. D. Cameron & Payne, 2011).

## **7.8 Limitations**

In addition to the findings and contributions of this thesis, there are also several noted limitations to the methodology of this thesis. The qualitative case study method used in this thesis was chosen to explore the compassion interaction process between FLMs and employees. This approach was successful in providing great insights into how FLMs notice employee suffering, the emotional experiences of the FLMs, the cognitive thought processes of the FLMs, the perceptions of the compassionate responses of FLMs, and the contextual factors that potentially influenced these compassionate interactions. However, one of the limitations of the case study method is it may lack transferability to the wider population, given the small sample sizes (Patton, 2005; Yin, 2011). Twenty-eight individuals were interviewed in total spread across two organisations. From a quantity point of view, the number of participants could potentially limit the findings' transferability from hotel and hospital industries to others (Stake, 2005). The sample also did not include a variety of organisational contexts. While the two organisations came from different sectors and there were similarities in the findings between them, the extent to which the findings can be generalised beyond the hospitality and health sectors is difficult to determine. Both organisations espoused caring and supportive cultures, and it is possible that the findings may be different in organisations with different organisational cultures. However, the findings from the two participating organisations do depict the FLM compassion interaction process.

In addition, as mentioned in the method section, employees' narratives of their suffering experiences are consciously left out. This was done with the intention to narrow down the research questions since the primary focus of this thesis is to explore and understand FLMs' compassion capabilities. Despite employees playing an important role in compassionate

interactions, it is believed that by adding employees' suffering experiences this would not contribute to the understanding of FLMs' compassion capabilities. Employees' narratives in this thesis were collected to ensure the richness of the data, especially in relation to FLMs' noticing and responding to employees' suffering. When FLMs notice and respond to employees' suffering, employees' perspectives could provide further clarification on the effectiveness of FLMs' noticing and responses. Nonetheless, the one-sided nature of the data analysis warrants future research to explore the phenomenon more on the interpersonal level.

The research design attempted to overcome the methodological limitations by focusing on issues of theoretical transferability (Patton, 2005; Yin, 2011) by using multiple levels of analysis and multiple perspectives across organisations and individuals. When gathering the data, participants were purposively selected that had different representations in their job responsibilities in order to cover a wider range of organisation individuals' perspectives. However, the degree to which these findings can be generalised to all organisations and managers is difficult to determine. While several FLMs were included in the sample, the findings largely relied on the perceptions of FLMs and their stories of compassion interaction, and thus may be distorted. It is possible that the inclusion of other employees in the sample may have generated different findings.

In addition, the ability to determine causal relationships between each subcomponent in the FLM compassion interaction process was restricted by the sole use of qualitative methods. A quantitative method would have been useful to examine the correlations between each subcomponent and develop a clear structure of the compassion interaction process (Creswell, 2013; Dutton et al., 2014). However, this research used qualitative methods because interpersonal compassion study is still at the preliminary stage of compassion process studies (Dutton et al., 2014). The qualitative method allows researchers to obtain a rich, in-depth data of a phenomenon of interest and is suited to answering 'how' questions (Guba & Lincoln, 2005). Therefore, using a qualitative method was deemed appropriate for capturing the phenomenon of compassion interaction.

## **7.9 Summary**

In summary, this thesis presents important new findings regarding the FLM compassion interaction process with employees, including various contextual factors such as relationship quality, organisational culture, individual difference, job responsibility, power dynamics, organisational practice, organisational change, and available resources that could potentially

influence the interaction process. In general, the findings indicate that FLMs are a lynchpin role for cultivating a compassionate culture in the workplace through enacting compassion interactions with employees. Specifically, FLMs' emotional intelligence, cognitive appraisal process, non-verbal displays, and selection of social support actions can influence the compassion interaction process. The findings suggest that employees are sensitive to FLMs' responses, which places FLMs on a pedestal when it comes to dealing with employee suffering. With enough and effective training and development, FLMs can better manage employee suffering and operationalise compassion in the workplace.

This thesis demonstrates that organisational relationship quality, organisational resources, and organisational change can influence the FLM compassion interaction process. Nonetheless, several FLMs and employees mentioned that contextual factors in the organisation influenced the way that FLMs responded to the encountered suffering. For instance, limited organisational resources negatively impacted FLMs' compassionate responses because FLMs did not have time to respond to their employees' suffering.

This thesis provides opportunities for future studies to investigate the subcomponents in the compassion interaction process through the lens of emotions. Future studies could further explore the underlying emotions during the FLM compassion interaction process and the influences of those emotions on employees' feelings. This thesis also encourages organisational compassion scholars to adopt, adapt, and synthesise the concepts of compassion interaction and findings across multiple disciplines, and to move the knowledge of organisational compassion forward to a more nuanced level.

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## Appendix

### Appendix 1

#### *Noticing*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Active Listening	7 (4F, 3E)	13	7 (4F, 3E)	11
Perceive Employees' Emotional Expression	6 (4F, 2E)	10	6 (5F, 1E)	11
Understand Employee's Emotional Expression	4 (4F)	7	5 (4F, 1E)	7

(Note: F = FLMs; E = Employees)

## Appendix 2

### *First Appraisal*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of interviewees mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of interviewees mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Whether the FLM can relate to the employees' situation	7 (7F)	32	5 (5F)	11
Whether the employee deserves compassionate response	7 (7F)	26	5 (5F)	7
Whether the employees' suffering is severe enough	6 (6F)	9	4 (4F)	6

(Note: F = FLMs; E = Employees)

### Appendix 3

#### *Second Appraisal*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Emotion-Focused Coping	5 (5F)	11	4(4F)	5
Problem-Focused Coping	5 (5F)	10	3 (3F)	6
The likelihood of the reoccurrence of the same event	2 (2F)	3	N/A	N/A

(Note: F = FLMs; E = Employees)

## Appendix 4

### *Other Thoughts*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Potential consequences of the encounter	6 (6F)	15	2 (2F)	6

## Appendix 5

### *Experienced Emotions*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Love	3 (3F)	6	4 (4F)	4
Anger	2 (2F)	5	2 (1F, 1E)	2
Fear	3 (3F)	4	2 (2F)	2

(Note: F = FLMS; E = Employees)

## Appendix 6

### *The Non-verbal Aspects of Compassion Action*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Spatiotemporal cues	10	15	4	14
4. Chronemics	1 (1E)	1	1 (1F)	3
5. Environment	9 (6F, 3E)	13	3 (1F, 2E)	5
6. Proxemics	1 (1E)	1	1 (1E)	2
Body Code cues	5	13	7	22
1. Kinesics	5 (2F, 3E)	13	7 (2F, 5E)	21
2. Physical Appearance	N/A	N/A	1 (1E)	1
Sensory and contact cues	5	10	10	27
3. Oculesics	2 (2F)	2	2 (2E)	3
4. Vocalic	3 (3E)	8	8 (8E)	21
5. Haptic	N/A	N/A	2 (2F)	3

(Note: F = FLMs; E = Employees)

## Appendix 7

### *Supportive Actions that Exemplify Compassion*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Emotional Support	12 (7F, 5E)	57	14 (5F, 9E)	66
Instrumental Support	12 (6F, 6E)	40	7 (5F, 2E)	22
Informational Support	10 (5F, 5E)	18	14 (5F, 9E)	55
Appraisal Support	2 (1F, 1E)	3	8 (4F, 4E)	16
Other Actions				
3. Advocating and protect the employee	6 (2F, 4E)	13	7 (2F, 5E)	13

(Note: F = FLMs; E = Employees)

## Appendix 8

### *Other Aspects of Compassion Action*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Transparency in the interaction	2 (2F)	3	5 (2F, 3E)	7
Genuineness in the interaction	N/A	N/A	5 (5E)	8

(Note: F = FLMs; E = Employees)

## Appendix 9

### *Contextual Factors that Influence Compassion Interaction*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Relationship Quality	11 (7F, 4E)	32	10 (3F, 7E)	19
Organisational Culture	9 (5F, 4E)	19	10 (5F, 5E)	21
Individual Differences	7 (5F, 2E)	20	5 (1F, 4E)	13
Job Responsibilities	6 (6F)	15	11 (4F, 7E)	24
Power Dynamics	5 (3F, 2E)	9	8 (3F, 5E)	16
Organisational Practice	7 (4F, 3E)	7	4 (4F)	12
Other Factors				
3. Organisational Change	5 (5F)	5	3 (1F, 2E)	5
4. Available Resources	6 (3F, 3E)	13	9 (3F, 5E)	19

(Note: F = FLMS; E = Employees)

## Appendix 10

### *Other Aspects of Compassion Action*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Transparency in the interaction	2 (2F)	3	5 (2F, 3E)	7
Genuineness in the interaction	N/A	N/A	5 (5E)	8

(Note: F = FLMs; E = Employees)

## Appendix 11

### *Contextual Factors that Influence Compassion Interaction*

Sub Themes	The Mantra Hotel Group		Gold Coast University Hospital	
	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews	No. of participants mentioned the theme (n=14)	Combined No. of times mentioned in interviews
Relationship Quality	11 (7F, 4E)	32	10 (3F, 7E)	19
Organisational Culture	9 (5F, 4E)	19	10 (5F, 5E)	21
Individual Differences	7 (5F, 2E)	20	5 (1F, 4E)	13
Job Responsibilities	6 (6F)	15	11 (4F, 7E)	24
Power Dynamics	5 (3F, 2E)	9	8 (3F, 5E)	16
Organisational Practice	7 (4F, 3E)	7	4 (4F)	12
Other Factors	9	18	10	24
5. Organisational Change	5 (5F)	5	3 (1F, 2E)	5
6. Available Resources	6 (3F, 3E)	13	9 (3F, 5E)	19

(Note: F = FLMs; E = Employees)

## Appendix 12

### Noticing

Name of the code	From FLM's point of view
Perceive Employees' Emotional Expressions	The FLM perceives the expressed emotions of the sufferer, via perceiving employees' demeanour that shows how they feel, or perceiving employee's emotions through their verbal expression. For example, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I saw the employee looked sad...' or 'Their body language tells me that they are not happy'
Perceive Information about the Suffering.	The FLM perceives the information of the sufferer about their situations, or listening to the them expressing their situation, or they talk about the information that the sufferer shared with them. For example, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I asked him/her what happened' 'They (employees) just came to me and told me what's going on...'
Understand Employees' Emotions	The FLM understand the expressed emotions of the sufferer, via perceiving employees' demeanour that shows how they feel, or perceiving employee's emotions through their verbal expression. The understanding employees' emotion is reflected in FLMs being able to label employees' emotions instead of 'feeling that there is something going on'. For example, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: ' she looks angry' or 'I felt that she is frustrated with the situation'.

### First Appraisal

Name of the code	From FLM's perspective
Appraisal: Relatedness	The FLM talks about aspects they have in common with the sufferer. Relatedness refers to the degree to which the FLM understands the employee's situation because the FLM has had similar experiences or they have other aspects in common (e.g., upbringing, race, personalities, and likes/dislikes). For example, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I was

	thinking if I am in that person's position...' Or 'I remembered when I was a employee, I had experiences that is similar to this...'
Appraisal: Deservedness	The FLM considers whether the employee deserves to be helped. Deservedness refers to the judgement that the FLM places on the employee's situation both consciously and unconsciously. For example, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I can't give them what they want because they have lost their opportunities last time...' Or 'I thought they were honest and I want to give them what they asks for because of that...'
Appraisal: Severity	The FLM decides whether the suffering is severe. Severity refers to the judgement of 'how bad the situation is'. For example, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I think this (the situation) is not too bad...' Or 'I felt I need to do something because the situation looks really bad for that employee...'
Appraisal: Other thoughts	The FLM considers other factors when encounter the employee's suffering. For example, the coder could consider categorising the quotes into this one when the FLM mentioned other factors they thought about during the interaction with the suffering employee.

## Experienced Emotions

Name of the code	FLM's emotional experience towards him or herself.
Empathy	The FLM experiences empathy when encounter employees' suffering. Despite the similarities between empathy and love, empathy is distinctive to love and compassion as empathy reinforces the mirroring of someone's emotions instead of the focal actor's self-generated emotions. Therefore, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as : 'I felt soft in my heart' OR 'I felt sorry for myself that I had to go through this again'.
Love	The FLM experiences love towards the FLM him or herself when encounter employees' suffering. The definition of love emotion refers to the thing that occurs because one has shared time or special experiences with the other person, and has developed a

	<p>psychological and/or physical attraction to them. Therefore, Therefore, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I care about myself...', 'I like the way I act...', 'I felt sentimental towards myself...', 'I felt love towards the employee'.</p>
Joy	<p>The FLM experiences joy towards him or herself when encountering the employees' suffering. In contrast to the losses and failures that trigger the sadness, the desirable outcome that initiates happiness/joy is frequently a gain or success in the achievement domain (task success, achievement) or in the social domain (receiving esteem or affection). Therefore, based on the definition, Therefore, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I felt happy'; 'I felt relieved that I did/said that...'; 'I felt satisfied that I responded appropriately...' OR 'I was amused when discussing how they felt upon hearing that the employee was suffering'.</p>
Anger	<p>The FLM experiences anger when encounter employees' suffering. It can be summarised as "something (usually another person, in these accounts) interferes with the person's execution of plans or attainment of goals (by reducing the person's power, violating expectations, frustrating or interrupting goal-directed activities). The coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I felt frustrated that I did not say something...'; 'I felt aggravated that I did say that...'; 'I felt annoyed that I did not respond to the employees...', 'I didn't like it for the fact that I responded to the employee...'</p>
Sadness	<p>The FLM experiences sadness when encounter employees' suffering. It can be defined as a situation in which the threat has already been realized. The sad person has experienced an undesirable outcome; often he or she has experienced one of the events that the fearful person dreads--death of a loved one, loss of a relationship, or social rejection. Therefore, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I regret that I said it...'; 'I felt defeated that I did not respond appropriately'; 'I felt rundown by myself...'; 'I felt low about myself...'; 'I felt confused about myself...', 'I felt guilty that I did not respond to the situation...', OR 'I am not happy with myself'</p>
Distress	<p>The FLM experiences distress towards him or herself when encounter employees' suffering. It can be defined as a situation in which the threat has already been realized. The distressed</p>

	<p>person has experienced an undesirable outcome; But different to the sad emotion, distressed emotion is often associated with worrying, hopelessness, troubled and uncomfortableness. Therefore, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I felt troubled that I did not respond in a way that...', 'I am uncomfortable of what I thought about the person...', 'I am worrying about myself with the way I responded...', OR 'I felt annoyed that I responded to the employee's situation'.</p>
Fear	<p>The FLM experiences fear towards him or herself when encounter employees' suffering. It can be described as an interpretation of events as potentially dangerous or threatening to the self-most commonly, an anticipation of physical harm, loss, rejection, or failure. The coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I was shocked by my reaction and thoughts', 'I felt uncertain about how I am going to respond', 'I felt alarmed of the way I reacted', 'I panicked that I did not respond in a way that...', 'I felt nervous of how I think about the situation...', 'I felt uneasy of my actions/thoughts...', 'I could not apprehend what I just did...', 'I felt uncomfortable that I am reacted like that...'.</p>

## Second Appraisal

Name of the code	From FLM's perspective
Emotion-Oriented Coping	<p>The FLM's thoughts are focusing on dealing with employee's emotions instead of the situation/problem. For example, the FLM concerns about how the employee feels during the interaction. For example, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I felt that I need to comfort the employee...', 'I just wanted to make sure that the person is feeling ok...' OR 'I wanted the employee to feel better...'.</p>
Problem-Oriented Coping	<p>The FLM's thoughts are focusing on dealing with employee's situation/problem instead of their emotions. For example, the coder could look for following phrases and phrases that convey similar meanings in the FLM's speech such as: 'I just wanted to solve the problem'.</p>

	for the employee...’, ‘I am focusing more on the issue...’, ‘I concerned about the problems that the employee is facing...’ OR ‘I just want to get the employee out of the situation.’
Future Expectancy	The FLM considered whether similar situation will occur again. For example, the coder could look for following phrases and phrases that convey similar meanings in the FLM’s speech such as: ‘I was think just thinking if this is going to happen again...’ OR ‘Hope this situation is not going to be a norm thing...’
Other Thoughts	The FLM considered other thoughts during compassion interaction. The coder could put the quotes in this category if the FLM has mentioned other thoughts that are not emotion-oriented regulation, problem-oriented regulation or future expectancy. For example, the coder could look for following phrases and phrases that convey similar meanings in the employee’s speech such as: ‘I was thinking whether I should refer the employee to someone else for help...’

## Actions

### - Nonverbal Aspects

Name of the code	From FLM’s perspective.	From Employee’s Perspective
Haptic non-verbal cues	The FLM mentions the conscious utilisation of this non-verbal cues category. The coder could look for following phrases and phrases that convey similar meanings in the employee’s speech such as: ‘I just gave the person a quick hug...’, ‘I did not pat on his/her shoulder because...’.	From employee’s point of view, the coder could also look for words and phrases in employees’ speech about their observation of their FLM’s non-verbal behaviours, for example: ‘The FLM just patted me on my back...’, ‘The FLM did not give me a hug...’

Spatiotemporal non-verbal cues	The FLM mentions the conscious utilisation of this non-verbal cues category including: finding a private space to have a chat with the employees, or being aware of the space where the interaction is taking place. The coder could look for following phrases and phrases that convey similar meanings in the employee's speech such as: 'I took the employee to a private place to have a chat...', 'We sat down at my office and closed the door...', 'I just think this kind of conversation needs to be done in a more private place...'	From employee's point of view, the coder could also look for words and phrases in employees' speech about their observation of their FLM's non-verbal behaviours. For example, 'The FLM just took me to his/her office to chat...', 'We (The FLM and the employee) had a quick chat at the communal area...'
Oculesics non-verbal cues	The FLM mentions the conscious utilisation of this non-verbal cues category including: staring, shifty eye contacts, eyes darting, avoid eye contact, softening around eyes (when smiling or expressing empathy). The coder could look for following phrases and phrases that convey similar meanings in the employee's speech such as: 'I could not look at him/her in the eyes...', 'I just kept the eye contact ...' 'I just looked at her and told her that it is going to be ok...' OR 'I think it is important to let the employee know that I care by looking at them when they speak...'	From employee's point of view, the coder could also look for words and phrases in employees' speech about their observation of their FLM's non-verbal behaviours. For example, 'The FLM did not even look at me when we had the chat...' OR 'The FLM showed me his/her attention cause he/she looked at me when I talked...'
Kinesic non-verbal cues	The FLM mentions the conscious utilisation of this non-verbal cues category including: crossing arms, standing tall, tapping feet,	From employee's point of view, the coder could also look for words and phrases in employees' speech about their observation

	sitting cross-legged, smiling, frowning, leaning backwards, leaning forwards, posturing the same way as the other person, reaching out with their hand near the other person. The coder could look for following phrases and phrases that convey similar meanings in the employee's speech such as: 'I just smiled at her/him when she/he speaks...' OR 'I just layback and listened to what they have to say about the situation...'	of their FLM's non-verbal behaviours. For example, 'The FLM kept tapping his/her feet when I spoke...', 'I felt the warmth from the FLM as he/she is smiling at the whole time...' OR 'I felt quite cold from the FLM as he/she was facing the other way the whole time during the conversation...'
Chronemics non-verbal cues	The FLM mentions the conscious utilisation of this non-verbal cues category including: talking fast, walking slowly, rushing through the conversation with quick and short responses, talking slowly, deliberately emphasising words, talking softly, talking at a relaxed pace. The coder could look for following phrases and phrases that convey similar meanings in the employee's speech such as: 'I had to go to another meeting, I just tried to let him/her go fast with the problem...', 'I was just try to keep my tone relaxed and slow as it is a quite gentle moment...' OR 'I was like, yep, yep, sure thing, and get it done...'	From employee's point of view, the coder could also look for words and phrases in employees' speech about their observation of their FLM's non-verbal behaviours. For example, 'I felt the FLM is trying to rush me out of the room as he/she is busy...', 'The FLM talked really fast and just gave me a really quick response...', 'The way that the FLM responded was really calm and altogether, it gave me feel...' OR 'The FLM was like, yep, yep...And did not look up at all...'

- Prosocial Aspects

Name of the code	From FLM's perspective	From employee's perspective
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Emotional Support Mobilization	Perceptions of the extent to which the FLM provides emotional support for the employees (e.g., esteem, affect, trust, concern, listening).	From employee's point of view, the coder could also look for phrases and phrases that has similar meanings in employees' speech about the perceived/received emotional support such as: 'The FLM asked me how I was and then told me to...', 'I do not think that the FLM care about how I feel at the time, cause they didn't ask me/check on me for how I feel.'
Informational Support Mobilization	Perceptions of the extent to which the FLM provides informational support for the employees (e.g., advice, suggestion, directives, information, guidance).	From employee's point of view, the coder could also look for phrases and phrases that has similar meanings in employees' speech about the perceived/received informational support such as: 'The FLM sat down with me and walked me through the problems...', 'I did not get any advices from the FLM...'
Practical Support Mobilization	Perceptions of the extent to which the FLM provides practical support for the employees (e.g., aid in kind, labour, time, modifying environment).	From employee's point of view, the coder could also look for phrases and phrases that has similar meanings in employees' speech about the perceived/received practical support such as: 'The FLM gave me some time off from work...', 'I did not get any direct support from the FLM and the issue remained to be troubling me...'
Appraisal Support Mobilization	Perceptions of the extent to which the FLM provides appraisal support for the employees (e.g., affirmation, social comparison, feedback).	From employee's point of view, the coder could also look for phrases and phrases that has similar meanings in employees' speech about the perceived/received appraisal support such as: 'The FLM told me how she/he thought about the situation...', 'I did not get any evaluation from the FLM...'

Other types of Support	Perceptions of the extent to which the FLM provides other support that cannot be categorised in the previous four support types. For example, the FLM provides a type of support that also encourages other individuals to show support in the organisations.	The coder could categorise the type of support in this code if the described behaviours can not fit into the previous 4 support categories. For example, the employee could say that FLM provides a type of support that also encourages other individuals to show support in the organisations.
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### Contextual Factors

Name of the code	Notes
Individual differences	Differences between individuals. Primarily comprises (e.g., different personalities; e.g., depressed, anxious, extroverted, neurotic, conscientious), psychological differences (e.g., different level of capability to deal with emotions) and knowledge differences (e.g., different level of professional knowledge). The coder can look for words, phrases and their synonyms that describes or indicates the differences the employee/FLM has in terms of their personality or habitual emotional responses in FLM's and employee's speech. For example, the FLM could describes that the reason they responded to the employee's situation in certain way was because he or she is having a bad day. Or the FLM could describe that the reason that the employee was suffering was because they had an anxiety problem. Or, the employee could suspects that the FLM's responded to the situation in certain way is because of the FLM's personality.
Job Responsibilities	Differences between the job roles, which includes the different levels of expectation of the role and the cognitive, emotional load of the position for example, the FLM's role is to monitor employees' performance, training and developing employees' capabilities; provide timely feedback to their job outcome; communicate and connect employees with higher level executive decisions; and often provide counselling to staff. The coder could look for those phrases and their synonyms in FLMs' speech.
Power Dynamics	The level of influences that FLM has on the workplace. The coder can look for words, phrases and their synonyms that describes or indicates the power dynamics between FLM

	and employees in FLM's and employee's speech. For example, FLM's social status, positional power.
Organisational Culture	A shared pattern of interactive behaviours among the organisations. The coder can look for words, phrases and their synonyms that describes or indicates the organisation's norms for how FLMs and employees should communicate with one another For example, statements that describes how they should communicate when dealing with personal conflicts in general; or how they should behave during certain organisational events; or the emotional expressions they should express when having conversations
Organisational Practice	A general code of conduct that organisation uses to function daily (e.g., practices that give people at work the opportunity and means for helping other employees).
Relationship Quality	The quality of the relationship fabrics that the organisation has. This is referring to the general relationship quality between individuals in the organisation. The coder can look for words, phrases and phrases that have similar meanings, which describes or indicates the general relationship qualities in FLM's and employee's speech. For example, The FLM/ employee could say, 'Because of people here are quite close with each other in general, we just help each other out all the time....', ' Because we don't have a close relationship here, when you try to talk to someone, its generally quite difficult...' OR 'We have a quite flexible structure here, so when it comes to talking about problems, we have many choices in terms of who can we talk to...'
Other contextual factors	Other factors that could potentially influence the FLM's compassionate responses towards employee. For example, some of the factors that could influence FLMs' cognitive process, and other factors influences their selection/awareness of their non-verbal behaviours and supportive actions. The coder could categorise any observed factors that could not be fit into the previous boxes. Such factors could be: Hierarchical structure of the organisation, power dynamics, political influences, organisational change factors.

Definition of Some Vocabularies:

**Experienced Emotions:**

**Anger** can be summarised as “something (usually another person, in these accounts) interferes with the person's execution of plans or attainment of goals (by reducing the person's power, violating expectations, frustrating or interrupting goal-directed activities). Alternatively, the person perceives another as harming him or her in some way (inflicting physical or psychological pain).” (Shaver et al., 1987, p. 1077).

**Sadness** can be defined as a situation in which the threat has already been realized. The sad person has experienced an undesirable outcome; often he or she has experienced one of the events that the fearful person dreads--death of a loved one, loss of a relationship, or social rejection.

**Joy** can be described as positive outcomes such as getting something desired or desirable. In contrast to the losses and failures that trigger sadness, the desirable outcome that initiates happiness is frequently a gain or success in the achievement domain (task success, achievement) or in the social domain (receiving esteem or affection).

**Love** can be best described as something occurs because one has shared time or special experiences with the other person, because one finds the other physically or psychologically attractive, because one enjoys exceptionally good communication with the other person, or because one feels open and trusting in the person's presence.

**Fear** can be described as an interpretation of events as potentially dangerous or threatening to the self--most commonly, an anticipation of physical harm, loss, rejection, or failure. The fear antecedents also include a set of situational factors (unfamiliar situation, being in the dark, being alone) that probably increase the person's perceived vulnerability to such threats and impede his or her chances of coping effectively.

#### **Non-verbal Cues:**

**Kinesics** is communication through body movement, including gestures, posture and step, and facial expressions (Burgoon et al., 2011). **Oculistics** contains the eye gaze, eye contact and ocular expression (Bonaccio et al., 2016). Sensory and contact codes encompasses encompass “haptics, vocalics, and olfactics” (Bonaccio et al., 2016, p. 151). **Haptics** refers to the act of touching another person, while vocalics comprises pitch level, range, intonation, volume, accent and other aspects of verbal message (Burgoon, 2011). Some of the touching actions, depending on the intensity and location of the touch, can be perceived as compassionate (e.g., hug, pat on the back or shoulder) (Lilius, Worline, Dutton, Kanov, & Maitlis, 2011). Other touching can potentially be inappropriate, as the norms of touching varies across cultures (Bonaccio et al., 2016). Spatiotemporal codes include proxemics, chronemics and environment (see Bonaccio et al., 2016). **Proxemics** refers to the use of personal space to communicate (Andersen et al., 2013). Similar to haptic cues, the appropriateness of the distance between the two parties is predominately determined by the culture and the relationship between them (Bonaccio et al., 2016). **Chronemics** in general refers to the communicated meaning of how time is perceived (e.g., speaking speed, walking speed, promptness) (Bonaccio et al., 2016).

The initial Emotion Intelligence model, proposed by Salovey (1990), comprises of three branches: 1. Appraisal and Expression of Emotion 2. Regulation of Emotion 3. Utilisation of Emotion. This initial conceptualisation of EI was then developed into a four-branch model, of which the authors replaced the “Utilisation of emotion” with “Understanding and Analysing Emotions” and “Emotion’s Facilitation of Thinking” (Mayer & Salovey, 1997, p. 13). Specifically, *perceiving emotions*, as the first branch of the model, refers to the ability to identify emotions in one’s own physical states, feelings, and thoughts, and to express, emotions and needs accurately (for a review, see Mayer et al., 2016; Mayer and Salovey, 1997). Understanding emotions refers to the abilities to label encountered emotions and to understand the relationships between emotions and words (Mayer et al., 2016). Managing emotions refers to the ability to effectively regulate the individual’s own emotions, as well as the target person’s emotions to achieve desired outcome (Mayer & Salovey, 1997). Facilitate thought using emotions refers to the ability to effectively generate emotions to relate, or to aid to another person. As a result, the first scenario can be summarised as that the four functions of EI influences the compassion focal actor’s ability to notice focal sufferer’s emotions.

### **Contextual factors**

Dutton et al. (2014) contended that the process and outcome of compassion interaction episode are heavily influenced by the contextual factors of which the interaction is embedded. The current stance of contextual factors believes that compassion episode is embedded on three levels of context: personal, relational and organisational (Dutton et al., 2014; Kanov et al., 2016). On the personal level, Dutton et al. (2014) argued that compassion interaction is influenced by the individual differences and organisational roles. On the relational level, the influencing variables is comprised of “similarity”, “closeness” and “social power” (Dutton et al., 2014, p. 288). Organisational contextual factors include shared values, shared beliefs, norms, organisational practices, structured quality of relationships and leaders’ behaviours.

## Appendix 13

### Ethics Approval

#### Full Research Ethics Clearance 2016/500



RIMS Griffith

Fri 24/06/2016, 8:49 AM

Sheryl Ramsay; Ashlea Troth; CJ Wang; Sandra Lawrence; research-ethics@griffith.edu.au; Kim Madison ✕



Reply | ▾

This message was sent with high importance.

#### GRIFFITH UNIVERSITY HUMAN RESEARCH ETHICS REVIEW

Dear Dr Sandra Lawrence

I write further to the additional information provided in relation to the provisional approval granted to your application for ethical clearance for your project "Understanding the influence of front-line managers's supportive behaviors on employees's emotional responses and work performance" (GU Ref No: 2016/500).

This is to confirm that this response has addressed the comments and concerns of the HREC.

The ethics reviewers resolved to grant your application a clearance status of "Fully Approved".

Consequently, you are authorised to immediately commence this research on this basis.

Regards

Kim Madison  
Human Research Ethics and Integrity  
Office for Research  
New Centre, Nathan Campus

02 February 2017

Enquiries to: HREC Coordinator  
Phone: 07 5687 3879  
HREC Ref: HREC/16/QGC/345  
E-mail: [GCHEthics@health.qld.gov.au](mailto:GCHEthics@health.qld.gov.au)

Mr Yunong Wang  
17/31 Chester Terrace  
SOUTHPORT QLD 4215

Dear Mr Wang

**HREC Reference:** HREC/16/QGC/345  
**Project title:** Understanding the influences of front-line managers' supportive behaviours on employees' emotional responses and work performance

Thank you for submitting the above project for ethical and scientific review, which has been undertaken by the Gold Coast Hospital and Health Service Human Research Ethics Committee (HREC).

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research (2007)-Updated May 2015*, *NHMRC Australia Australian Code for the Responsible Conduct of Research (2007)* and the *CPMP/ICH Note for Guidance on Good Clinical Practice*. Attached is the HREC Composition with specialty and affiliation with the Hospital and Health Service (HHS) (Attachment I).

This research project meets the requirements of the *National Statement on Ethical Conduct in Human Research (2007)-Updated May 2015*.

HREC approval is valid for **3 years**. Expiry 02 February 2020

The documents reviewed and approved include:

Document	Version	Date
Application (AU/1/3DF9216)		09 November 2016
Protocol	1	27 October 2016
Participant Information and Consent Form – Front-line Manager	1	30 January 2017
Participant Information and Consent Form – Employee	3	30 January 2017
Interview Questions for Front –line Managers	1	20 January 2017
Interview Questions for Employees	1	20 January 2017
Front-line Managers Recruitment Email	4	01February 2017
Employees Recruitment Email	3	24 January 2017
Response to Request for Further Information		16 January 2017
Response to Request for Further Information		31 January 2017
Investigator CV		

## Gold Coast Health

Building a healthier community



Please note the following conditions of approval:

- This letter constitutes ethical approval only.** A copy of this approval must be submitted to the HHS Research Governance Officer (RGO) along with a completed Site Specific Assessment (SSA) Form and applicable documents for authorisation from the CE to conduct this research within the HHS
  - Once authorisation to conduct the research has been granted, please complete the Commencement Form (Attachment II) and return to the office of the Human Research Ethics Committee [GCHEthics@health.qld.gov.au](mailto:GCHEthics@health.qld.gov.au)
- Reporting to the HREC:** The following reports are required to be submitted to the HREC. Failure to fulfill these reporting requirements may result in withdrawal or suspension of HREC approval:
  - Progress Reports:** The Coordinating/Principal Investigator will provide a progress report annually to the HREC and at completion of the project. Progress reports are due on the anniversary of the HREC approval date.
  - Safety Reporting:** The Coordinating/Principal Investigator will immediately report, in the specified format, anything which might warrant review of ethical approval of the project, including:
    - Serious Adverse Events which impact on the ethical or scientific validity of the project must be notified to the HREC as soon as possible.** In the case of Serious Adverse Events occurring at the local site, a full report is required from the Principal Investigator, including duration of treatment and outcome of event.
    - If required, the Investigator must provide a summary of the adverse events, in the specified format, including a comment as to suspected causality and whether changes are required to the Patient Information and Consent Form.
    - Unforeseen events that might affect continued ethical acceptability of the project.
  - Other monitoring:** The HHS administration and/or the HREC may inquire into the conduct of any research or purported research, whether approved or not and regardless of the source of funding, being conducted on HHS premises or claiming any association with the HHS; or which the Committee has approved if conducted outside its HHS.
- Amendments to this project**
  - Amendments for review by an HREC:**
    - Amendments to the research project which may affect the ongoing ethical acceptability of a project must be submitted to the HREC for review.
    - Amendments should be reflected in a cover letter from the Principal Investigator, providing a brief description and rationale for the changes, and their implications for the ongoing conduct of the study. All relevant updated documentation should also be provided. Further advice on submitting amendments is available from [http://www.health.qld.gov.au/ohmr/documents/researcher\\_userguide.pdf](http://www.health.qld.gov.au/ohmr/documents/researcher_userguide.pdf)
  - Amendments for review by an RGO:**
    - Amendments to the research project which affect only the ongoing site acceptability of the project are not required to be submitted to the HREC for review. These amendment requests should be submitted directly to the Research Governance Office/r (by-passing the HREC).

# Appendix 14

## Consent Form (Sample)

### Understanding the influence of front-line managers' supportive behaviours on employees' emotional responses and work performance

#### Research Team

Student Researcher	Supervisors		
Yunong (CJ) Wang PhD Candidate Department of Employment Relations and Human Resource Griffith Business School Mobile number: 043095156 Email: <a href="mailto:cj.wang@griffithuni.edu.au">cj.wang@griffithuni.edu.au</a>	Dr. Sandra Lawrence Department of Employment Relations and Human Resources Griffith Business School Tel: +61 7 373 57132 Email: <a href="mailto:s.lawrence@griffith.edu.au">s.lawrence@griffith.edu.au</a>	Dr. Amie Shaw Department of Employment Relations and Human Resources Griffith Business School Tel: (07) 555 28760 Email: <a href="mailto:a.shaw@griffith.edu.au">a.shaw@griffith.edu.au</a>	Dr. Wayne O'Donohue Department of Employment Relations and Human Resources Griffith Business School Tel: (07) 555 27583 Email: <a href="mailto:w.odonohue@griffith.edu.au">w.odonohue@griffith.edu.au</a>

**Project Description:** The aim of this research project, conducted by CJ Wang, a PhD student from Griffith University's Business School, is to understand the influence of front-line managers' supportive behaviours (through compassionate actions) on employees' emotional responses and work performance.

I have received an information sheet on the research project: ***Understanding the influence of front-line managers' supportive behaviours on employees' emotional responses and work performance.***

By signing below, I confirm that I have read and understood the information package, that:

- I understand my involvement in this research will include an audio-recorded interview session of approximately 60 mins;
- I understand that discussing the experiences of both front-line managers and employees in my workplace may cause me to experience negative emotions. I understand that I am free to refuse to answer any question, and can ask the researcher to terminate the interview at any time;
- I understand the risks involved;
- I understand that I am free to withdraw at any time, without comment or penalty;
- I understand that the tape recording of the interview will be erased upon completion of the transcribed document, and the transcript may be used in future research;
- I understand that my choosing to participate in this research is voluntary and will in no way impact on my relationship with my employers or any other member of staff;
- My confidentiality has been assured by the researcher;
- I have had all questions answered to my satisfaction;
- I understand that if I have any additional questions I can contact the research team;
- I understand that I can contact the Manager, Research Ethics on (07) 3735 54375 or [research-ethics@griffith.edu.au](mailto:research-ethics@griffith.edu.au) if I have any concerns about the ethical conduct of the project (GU Ref No: insert after ethics approval has been approved); and
- I agree to participate in the project.

Name (Please Print): \_\_\_\_\_

Contact Details \_\_\_\_\_

(Email and Mobile): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----Tear Off If you would like to receive feedback about the interview, please provide a postal address or e-mail address:

E-mail: .....

Postal address: .....

## **Appendix 15**

### Sampled Interview Questions (FLM)

1. Greeting question: Hi, how are you?
2. Thanks for coming today, to start with, I just want to ask a few simple questions:
  - a. Which work unit/department do you work in?
  - b. How long have you worked in this department? What about this company?
  - c. Global Question: So can you please describe a typical day of your work for me?
  - d. Probing Question: What are some of the challenges (or uplifting experiences, depends on the participants responses) that you encounter in your job?
  - e. Prompting Question: Can you give me an example?
  - f. Probing Question: How do you feel when you deal with those challenges (experience)?
  - g. Probing Question: Are there any other positive emotions (or negative, depends on the participants)?
3.
  - a. Global Question: Ok, now I'd like your opinion on an concept. From your point of view, what does compassion mean to you in general?
  - b. Probing Question: What kind of behaviours would you summarise as compassion in general?
  - c. Prompting Question: Can you please elaborate on that?
  - d. Probing Question: Why would you say those behaviours are compassion?
  - e. Probing Question: What kind of behaviours would you summarise as compassion in the workplace?
  - f. Probing Question: Have you showed compassion to your employees or colleagues?

### ***Story A:***

4.
  - a. Global Question: Can you please describe to me a time when you showed compassion to one of your fellow employee?
  - b. Global Question: What did you do?
  - c. Probing Question: Why did you make a decision to do that?
  - d. Probing Question: Do you often do that?
  - e. Probing Question: How did it make you feel at the time?
  - f. Prompting Question: Can you tell me more about it. Are there any negative emotions?

- g. Probing question: What were the longer-term consequences for them and you?
- h. Probing Question: To what extent do you think it that it changed your relationship with that person?

***Story B:***

- 5. a. Global Question: Can you tell me another story where your compassion towards an employee was not well received? (If not, move to question 6).
- a. Prompting Question: Can you tell me more, what happened there?
- b. Probing Question: Why did you make a decision to do that?
- c. Probing question: Why do you think in that situation your compassionate behaviour is not well received?
- d. Probing Question: How did that make you feel at the time?
- e. Probing Question: Can you please tell me more about it?
- f. Probing Question: What was the other person's reaction like?
- g. Prompting Question: Can you please tell me more?
- h. Probing question: What were the longer-term consequences for them and you?
- i. To what extent do you think it changes your relationship with that person?

***Story C.***

- 6. a. Global Question: Can you think of a time when you think could have shown compassion to an employee, but didn't?
- b. Probing Question: What was the situation like then?
- c. Probing Question: What's your reason for not showing compassion to that person?
- d. Prompting Question: Any other reasons?
- e. Probing Question: What was the employee's reaction to you during this situation?
- f. Probing Question: What were the longer-term consequences for them and you?
- 7. a. Global Question: So overall, how important do you think is it for managers to show compassion to staff?
- 8. Global Question: How often do you think it is necessary for managers to show compassion?

### Sampled Interview Questions (Employees)

1. Greeting question: Hi, how are you? How's your work today?
2. Thanks for coming today, to start with, I just want to ask a few simple questions:
  - a. What work unit/department do you work in?
  - b. How long have you worked in this department? What about this company?
  - c. Global Question: So can you please describe a typical day of your job for me?
  - d. Probing Question: What are some of the challenges (or uplifting experiences) that you encounter in your job?
  - e. Prompting Question: Can you give me an example?
3.
  - a. Global Question: How do you feel when you deal with that (experience)?
  - b. Probing Question: Are there any other positive emotions (or negative, depends on the participants)?
4.
  - a. Global Question: Ok, now I'd like your opinion on an idea or concept. From your point of view, what does compassion mean to you in general?
  - b. Probing Question: What kind of behaviours would you summarise as compassion in general?
  - c. Prompting Question: Can you please elaborate on that?
  - d. Probing Question: Why would you say those behaviours are compassion?
  - e. Probing Question: What kind of behaviours would you summarise as compassion in workplace?
  - f. Probing Question: Have you received such compassion from your colleagues?

### ***Story A.***

5.
  - a. Global Question: Based on what we discussed, can you please describe me a time when your manager showed you compassion?
  - b. Probing Question: What was the situation like?
  - c. Probing Question: What did your manager do?
  - d. Probing Question: How did you feel before you received that?
  - e. Prompting Question: What about after?
  - f. Probing Question: To what extent did your manager's compassionate behaviour changed the situation because of his/her behaviour?
  - g. Probing Question: To what extend did your manager's compassionate behaviour changed the relationship between you two?

h. Prompting Question: Do you have anything add to that story?

***Story B.***

6. a. Global Question: Can you think of a time when you didn't receive compassion from your manager(s), but it would have been helpful?

b. Probing Question: What was the situation like?

c. Probing Question: What did he/she do? How did that make you feel? What were the consequences for you?

d. Probing Question: Why you didn't express your need to your manager?

e. Prompting Question: Do you have anything add to that story?

7. a. Global Question: So overall, how important do you think it is for managers to show compassion to staff?

b. Probing Question: How often would you say it is appropriate?

***Story C.***

8. a. Global Question: Can you tell me another story where you didn't want (or need) your managers' compassion, but he or she still showed you compassion?

b. Probing Question: What was the situation like?

c. Probing Question: What did your manager do?

d. Probing Question: Why didn't you want to receive compassion then?

e. Probing Question: How did you feel in that situation?

f. Probing Question: Did the situation change?

g. Probing Question: Did your manager's compassionate behaviour changed the relationship between you two?

h. Prompting Question: Do you have anything add to that story?