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# Understanding compassion capability

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## Abstract

We elaborate a theory of the foundations of a collective capability for compassion through a detailed analysis of everyday practices in an organizational unit. Our induced theory of compassion capability draws on the findings of an interview study to illustrate and explain how a specific set of everyday practices creates two relational conditions – high quality connections and a norm of dynamic boundary permeability – that enable employees of a collective unit to notice, feel and respond to members' suffering. By articulating the mechanisms that connect everyday practices and a work unit's compassion capability, we provide insight into the relational micro-foundations of a capability grounded in individual action and interaction.

## Keywords

capability, compassion, emotion, high-quality connections, practices, work-life boundary

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If there's somebody having a hard time with their house, or their family, or financially or anything, word just spreads and we all just pull together and help each other out.

Theresa, Midwest Billing

Suffering is an inevitable, ubiquitous, yet often overlooked, aspect of organizational life (Frost, 2003). At any given time, some organizational members will be struggling with the kinds of personal challenges described in the opening quote, such as the illness or loss of loved ones, relationship breakdown or financial struggles. Suffering may also accompany organizational changes such as layoffs or restructuring, or being mistreated or devalued by work colleagues (see Driver, 2007). Reactions to such suffering can vary widely across organizations, passed by with a nod or indifference in some (Delbecq, 2011; Hazen, 2003, 2008), yet addressed with compassion in others (Dutton et al., 2006; Kanov et al., 2004). While our understanding of individual compassion as a response to a single instance of suffering has grown considerably in recent years (Goetz et al., 2010; Lilius et al., 2011; Nussbaum, 1996), little research examines what enables members of a collective to repeatedly act with compassion in response to different instances of suffering. We explore this question through an inductive interview-based study of a unit that demonstrates this 'compassion capability', and theorize the relational micro-foundations that foster such a capability in a workplace where attention is divided, and time and performance pressures abound.

In this article, we adopt a practice lens in looking to the situated, everyday activities in a community (Orlikowski, 2002) that undergird its collective capability for compassion. Building on a conceptualization of compassion as a tri-part human experience marked by: 1) noticing or attending to another's suffering, 2) feelings that are other-regarding and resemble empathic concern, and 3) responses aimed at easing the suffering (Batson, 1994; Clark, 1997; Frost et al., 2000; Kanov et al., 2004; Reich, 1989; Solomon, 1998), we define compassion capability as the reliable capacity of members of a collective to notice, feel and respond to suffering. This definition of compassion capability draws directly on Dosi et al's (2000) description of organizational capability as members' ability to consistently produce a collective achievement through their actions. Through a careful empirical examination of one 'extreme' case (Eisenhardt, 1989), we elaborate a theory that explains the mechanisms through which certain practices build a unit's compassion capability (Hedstrom and Swedberg, 1998).

With this focus, we examine a capability that addresses human suffering. We use the term 'suffering' to refer to a wide range of unpleasant subjective experiences including physical and emotional pain, psychological distress and existential anguish (see Driver, 2007; Lilius et al., 2011). Compassion in the face of suffering is a fundamental human response that has a strong evolutionary basis (Goetz et al., 2010). Despite its prevalence, however, organizational researchers have given compassion minimal attention. Yet evidence suggests that compassion in organizations may shape people's commitment to their workplace (Grant et al., 2008; Lilius et al., 2008) and aid recovery from painful circumstances (Dutton et al., 2006; Frost et al., 2000). Compassion thus has clear performance implications for individuals and organizations. It may also have financial implications for organizations, given estimates that grief-related absences and productivity

losses cost firms US\$75 billion annually (Zaslow, 2002). In sum, compassion capability may be an important but unexamined form of organizational strength and advantage.

In the sections that follow, we review theory and research to lay the groundwork for our focus on how organizational practices contribute to a compassion capability. We then describe the inductive study of Midwest Billing, a billing unit for physician services located within a community health system in the Midwestern United States. We draw on interviews with employees to theorize links between a set of practices in the workplace and two relational conditions generated through these practices that we suggest foster Midwest Billing's compassion capability. We conclude with a discussion of implications for theories of compassion and collective capabilities in organizations.

## Compassion in organizations

While research on compassion at work is still relatively limited, there is growing evidence of its importance for organizations. It is challenging to show direct links between compassion and organizational performance, but studies reveal a range of valuable individual and organizational outcomes associated with compassion. For instance, there is evidence that experiencing an act of compassion can aid an individual's recovery from painful experiences and positively influence how they see their colleagues and their organization (Frost et al., 2000; Kahn, 1993; Lilius et al., 2008; O'Donohoe and Turley, 2006). In addition, some research has examined collective compassionate responses in organizations, with a particular focus on post-crisis organizing. This work highlights how organizational members coordinate to generate and direct resources to alleviate suffering after an organizational disaster (Dutton et al., 2006), how compassionate witnessing helps activate organizational resilience (Powley, 2009), and how compassionate leadership enables an organization to heal, learn and adapt after a trauma (Dutton et al., 2002; Powley and Piderit, 2008). While such research shows the value of compassion in organizations, important gaps remain. First, researchers need to understand more about compassion as a *reliable* collective achievement, since the focus to date has been on the collective dynamics that enable one-time expressions of compassion (Dutton et al., 2006; Powley and Cameron, 2006). The present research focuses on one work unit that exhibits a reliable pattern of compassion and explores the practices that underlie this pattern. In so doing, we move toward seeing compassion as an organizational capability that enables members to enact a distinctive behavioral repertoire in response to repeated instances of suffering.

Second, research indicates that compassion is both effortful and potentially draining, such that repeated responses to suffering can leave individuals less willing or able to respond to suffering over time (Figley, 2002; Frost, 2003; Jacobson, 2006). These observations raise questions about the net benefit of compassion for organizations, given its potential to distract employees from other important organizational priorities, and that its benefits may diminish over time. The present study shows how a compassion capability involves practices that limit as well as enable compassionate action, explaining how important relational resources and task-oriented efforts can be sustained in the ongoing provision of responses to human suffering.

## Using a practice lens to understand compassion capability

We look to practices to explain how an organizational unit builds a collective capability for compassion. The idea of practices as recurrent, situated activities is at the heart of a structuration approach to organizing, and more fully developed in what has come to be called practice theory (Antonacopoulou, 2007; Bordieu, 1990; Giddens, 1984; Orlikowski, 1992; 2000; 2002; Schatzki, 2001). A practice-oriented lens is consistent with other ways of talking about recurring action patterns in organizations, especially those looking at the nature and impact of routines (e.g. Cohen, 2007; Feldman, 2004; Feldman and Pentland, 2003; Nelson and Winter, 1982). Organizational research points to the importance of practices for building a variety of collective capabilities such as knowing (e.g. Orlikowski, 2002), learning (e.g. Antonacopoulou, 2006), adapting (e.g. Meyer, 1982), resource creation (e.g. Feldman, 2004), change (e.g. Feldman and Pentland, 2003), strategizing (e.g. Johnson et al., 2007), structuring (e.g. Barley, 1986) and regeneration (e.g. Birnholtz et al., 2007).

While the link between recurrent activities and collective capabilities is well-established, less well-understood is the role of social interaction and human connections that may serve as mechanisms (Feldman and Rafaeli, 2002; Felin and Foss, 2009), or what Abell and colleagues (2008) call the 'micro-foundations' of capabilities. Feldman and Rafaeli (2002) have theorized that routines cultivate human connections and shared understanding in ways that enable collective capabilities, but empirical work has yet to examine these relational mechanisms. Thus, we examine the critical but overlooked role of individuals' interrelations in the development of key organizational capabilities. Furthermore, by examining compassion as a collective capability, we seek to expand understanding beyond cognition-based capabilities (Nelson and Winter, 1982; Zollo and Winter, 2002) to build on emerging interest in collective capabilities that rest on responsiveness to the emotional states of organizational members (Akgün et al., 2009; Huy, 1999; 2002) that may provide a signal of suffering.

## Method

We conducted an inductive interview study of a single work unit to explore the expression of collective compassion. Intensive studies of one unit are particularly useful for theory construction and elaboration (Pettigrew, 1990; Yin, 1994), particularly around collective capabilities (Levinthal, 2000). In the process of conducting a large-scale survey of compassion with all members of a health system, several senior executives called our attention to a single unit that they considered to be notably compassionate. We deliberately selected this unit as an 'extreme' (Eisenhardt, 1989; Starbuck, 2001) or 'positive deviant' case (Spreitzer and Sonenshein, 2003). The compassionate nature of this unit is captured by Corrine, a member of Midwest Billing:

[This workplace] is so different [from] the job that I [had before]. A lot of people here take for granted the way it is, because it's been this way, but when you come from . . . I'm sorry . . . but anyway, because it means so much to me. [in tears] You just, you really feel loved here. I've never had the opportunity or the blessing to be in a place where people really care. It's not just—it's not just said, it's there.

Corrine's heartfelt expression of her sense of the unit's compassion capability reflects a quality that was consistently expressed by members inside and outside of the unit.

### **Setting**

Midwest Billing conducts reimbursement on behalf of all physicians affiliated with Midwest Health System (MHS). Unit members interact primarily with insurance providers, secondarily with patients, and less frequently with medical staff. At the time of our study, all members were female ( $n = 30$ ; 84% Caucasian, 16% African American) and ranged in age from 20 years to 60 years old. The unit is composed of teams, called pods, each of which bills for specific physicians or services. Each pod is headed by a 'pod leader' who is responsible for tasks that include reporting patterns in claim processing, rejections and collections, supervising billers within her pod. A manager, Sarah, oversees the unit's operations and performance and reports to the vice president and Chief Financial Officer of MHS.

By all accounts, Midwest Billing is a high-performing business unit. The primary performance measure at Midwest Billing is the average number of days it takes to collect each dollar of revenue, referred to as 'days in AR' (accounts receivable). In the five years prior to our study, Midwest Billing had decreased this figure from over 160 to near 60. Since then, the average days in AR have continued to decrease, and now currently hover near an industry-standard-beating 50. Staff turnover is low in the unit, just 2 percent at the time of our study, in comparison with an average of 25 percent across all of Midwest Health System, and a much higher average in the medical billing industry (Worline and Boik, 2006).

### **Data collection**

We interviewed 87 percent of the members of Midwest Billing ( $n = 26$ ) to capture how unit members experienced and understood compassion at Midwest Billing (see Appendix A). We interviewed participants during paid work time, and we gave unit members a 'traveling tape recorder' that was passed between them for two weeks. The interview and recorder transcripts served as the primary study data.

### **Data analysis**

Our orientation to the data from Midwest Billing was exploratory and intended to induce insights about the compassion capability of this unit. The data coding and analysis was driven by the first two authors, although the broader analytic process involved discussion of the emergent themes with other members of the research team to test out emerging interpretations. As is common in inductive research, data analysis proceeded iteratively between the data and the literature (Corbin and Strauss, 2008; Eisenhardt, 1989), such that we focused and refined our analysis using insights that emerged from the data itself and a parallel reading of relevant literatures. To illustrate, our focus on everyday practices emerged as we read and coded the interviews and noticed unit members' descriptions of how they did things, and as we read literature on organizational practices,

collective capabilities and collective compassion (Dutton et al., 2006; Kanov et al., 2004; Orlikowski, 2002) that pointed to practices as foundational to capabilities. As the analysis progressed, we moved from descriptive coding to coding guided by broader interpretive questions that shaped our theory generation (Charmaz, 2006). In particular, we progressed from coding evidence of collective compassion in the unit (see question one) to explore how the everyday practices contributed to the collective compassion we observed (question two), and how they did so with seemingly no ‘compassion fatigue’ (Figley, 2002), or other ill-effects (question three).

Our first analytic question asked: ‘*Did the unit exhibit a capability for compassion?*’ The first two authors coded all interviews for descriptions of compassion using the three-part definition. We found evidence of repeated expressions of compassion across multiple episodes of suffering. We also noted that despite repeated and prolonged expressions of compassion, unit members did not describe compassion fatigue, or a reduced willingness or ability to engage with future suffering. On the contrary, unit members described their involvement in compassion largely in positive terms, and often explained that such behavior was not simply an individual response but typical of the way the unit did things. In addition, we saw evidence of Midwest Billing’s outstanding performance, which suggested that expressions of compassion did not deplete its members or negatively impact their work performance. These observations validated our focus on compassion as a collective capability.

Our second analytic question asked: ‘*What are the foundations of this unit’s compassion capability?*’ Our analytic process led us to look to unit practices as a way of answering this question. We identified central everyday practices in three steps. First, the first two authors coded all interviews for members’ descriptions of recurrent activities. Agreement between the raters was acceptable, with a Cohen’s Kappa of .82. Any disagreements were resolved through discussion. Second, and following Birnholtz et al. (2007), we clustered related activities into categories that reflect broader practices. For example, many people described activities such as orientation to the unit, job rotation and training, each of which we coded as separate activities in the first pass, but then clustered into the broader practice of orienting (see Figure 1 for a full listing of links between activities and practices). Our analysis resulted in eight practices. Third, to ensure that we had identified practices that were widely shared, we focused on those described by at least 75 percent of the interviewees. Seven practices met this criterion.

After identifying the shared practices, we focused on understanding how they related to the unit’s compassion capability. For example, when we asked what made the unit compassionate, some people suggested that orienting practices played a role. Why, we asked ourselves, did members link practices like these with compassion? Our third analytic question therefore directed us back to the data to analyze these links. To guide this analysis, we asked: ‘*What, specifically, do these practices accomplish that members describe as related to their experience of compassion at work?*’ In the case of orienting, for instance, members repeatedly explained that this practice helped them learn about one another and build relationships from the beginning of their tenure in the unit. We also saw that the quality of relationships played an important role in the expression of compassion. We used such descriptions to generate inferences about two relational conditions that serve as key mechanisms linking the unit practices to its compassion capability.

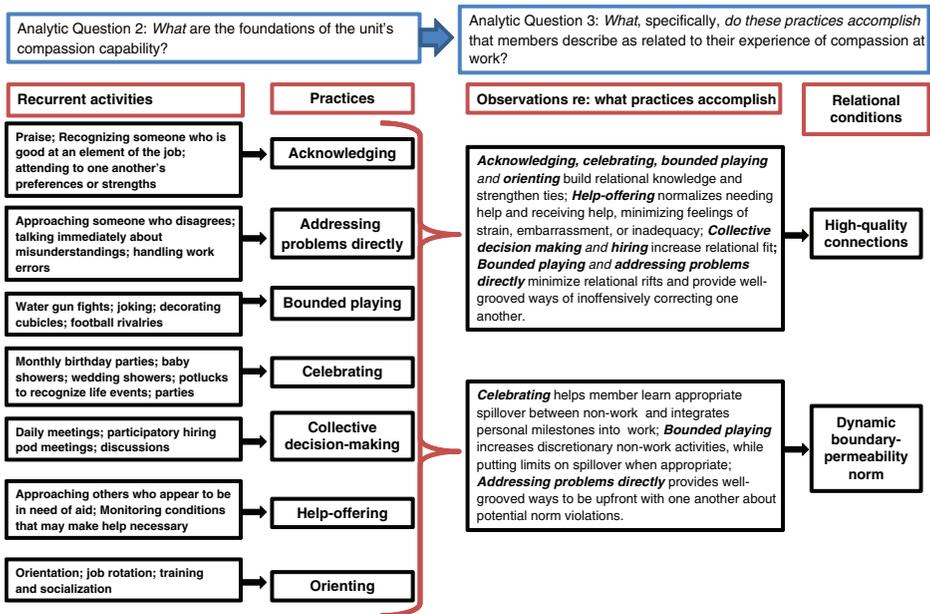


Figure 1 Links between practices and relational conditions in the data analysis process

This third data analysis stage is more interpretive than the first two stages, and represents the core of the theory elaboration process.

## Seeing compassion capability

### Evidence for compassion capability at Midwest Billing

In response to our first analytic question, we show the compassion capability of the unit in three ways: 1) a detailed account of one compassion episode; 2) a summary picture of the range and duration of compassion episodes evident in the data; and 3) general characterizations of the unit’s compassion capability drawn from interview data.

*Detailed account of a compassion episode* As an example of the compassion stories that were consistently told by unit members, consider Korinna’s story:

My mother passed away completely unexpectedly . . . Monday, I had taken my mother to the hospital . . . I’ve always lived with my mom. Always . . . From that Monday to the following Monday was just the worst time of my whole life . . . there are no words to describe how– I’m still in shock . . . . At the time, Darcy and I were [working] next to each other, and I couldn’t sigh or breathe or not be heard from without her coming and poking her head in, ‘Are you OK in there?’ after I came back to work. While we were in the hospital and still hopeful that mom would come home, Melanie and Marsha were in the Wellness Center working out and they took the time to come up to the waiting room . . . just to let me know that they were thinking about

me . . . I remember coming in one day while I was off – originally I had just taken two weeks off – and I remember telling my uncle, I said, ‘I need to go back to work because I need to work and I need to have my mind off everything that’s going on. But I also need to go back to work because I am surrounded by women who just open their arms to me.’ I was telling Sarah (the manager) about the funeral arrangements, and . . . all the team leaders were in here crying with me, and Sarah . . . Still to this day, it’s so hard for me to look at Latisha sometimes, because I just remember the look on her face when I came in . . . I did not expect any of the compassion and sympathy and the love, the actual love that I got from my co-workers. You don’t expect that . . . They took up a donation, beautiful flowers, cards . . . Sarah was extremely understanding . . . I took the first two weeks off, and then I came back to work and then I ended up being so stressed with everything that surrounded my mother’s death, how she died, I couldn’t concentrate. . . I would just shake. . . so I ended up going on a [leave] for eight weeks . . . I was very, very new to the pod . . . I was never made to feel guilty, or made to feel bad. I knew that I was in everyone’s prayers and I knew that when I did come back, that I would be in a condition that I could give back what I had received – the compassion and the professionalism.

Korinna’s story richly illustrates the core processes of collective compassion. First, members of the work unit shared awareness and understanding of the fact that Korinna was in pain. Some came to this understanding through direct contact with her, while others learned second-hand. Second, collective feeling is evident in Korinna’s description of how Latisha, Sarah and other team leaders were ‘in here crying with me’, suggesting that unit members were collectively feeling empathic concern and sharing those feelings with one another. Finally, the story conveys collective responding, such as the taking up of a donation and coworkers’ arrangements to absorb Korinna’s work without making her feel guilty about her absence.

*Range and duration of compassion episodes* The unit’s compassion capability is evident in the range and duration of compassion episodes described by respondents. Overall, 62 percent described at least one unique instance of compassion in the unit. We documented responses to 20 different ‘pain triggers’ (Lilius et al., 2008), which span a variety of forms of suffering, from domestic violence, family deaths and personal illnesses, children born with disabilities, divorces and the strain of eldercare provision, to less intense episodes such as children being injured or ill, marital problems and financial hardships. There is also evidence that compassion sometimes persisted over extended time periods, such as in Korinna’s story, and in the ongoing compassion that occurred in response to a biller whose husband underwent kidney transplant surgery. Unit members’ compassion extended beyond one-time offerings in the wake of these major life events, and exhibited a range of responses: regularly checking in to see how the individuals were feeling, offering hugs and expressions of support, sending flowers and cards, helping file paperwork for leaves of absence, checking on children and providing childcare, running errands, covering work tasks, making monetary donations, hospital visits, funeral attendances and more. Tabitha, who experienced domestic violence, describes her workplace’s response:

A few people from the department . . . came to the hospital the night that it happened and [one of them] stayed until they discharged me, while [another] periodically came by my Mom’s house to see how I was doing and if I needed anything. Of course, they passed around a card and everyone signed it. Pretty much everyone, I’m sure, donated, because I was off for almost

three months. So the money helped and the prayers and the well wishes and all that good stuff was something that I'll never forget.

Upon her return to work, the unit instituted a buddy system to ensure that Tabitha was not alone when she went to the bank or to the post office or when she walked to and from her car in the parking garage. These kinds of activities continued long after the initial painful event.

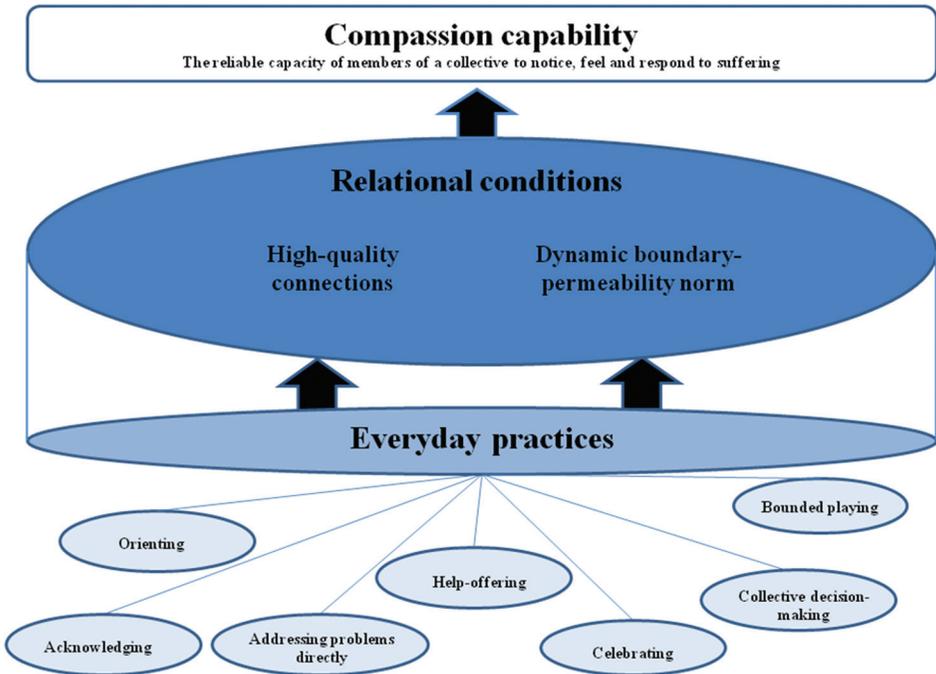
*Members' characterizations of the unit* The unit's compassion capability is also evident in employees' descriptions of the unit. First, all respondents (100%) agreed to our initial interview question: 'Is this a compassionate work unit?' Second, throughout the interviews, employees indicated that expressions of compassion were common, as seen in Theresa's quote which opened this article, and in Marnie's explanation: 'People will anonymously leave money in an envelope on the desk, things like that. Those kinds of things go on here all the time. I just love it.' Similarly, Dinah explains:

If you came to work at this place and you weren't as compassionate a person as others, you [would] see how good it makes people feel. You see how people get excited about doing things for people, and I think it just becomes a part of your norm if it wasn't before. If you practice it enough, it becomes the norm.

Third, compassion capability is apparent in the ongoing ways that members of Midwest Billing engage with the community. From annually 'adopting a family' at Christmas (i.e. providing goods and money to a family in need), to donating money to charities, to simply making each other aware of difficult circumstances in the community, members of Midwest Billing actively use their workplace as a site of compassion for people outside of their organization, as Darcy suggests below:

It's not only within the group, it's outside in the community too as far as the families that they adopted, the little pot of gold thing that we've got going right now . . . and things in the news, we'll hear something extremely horrible that has happened in the news, just in passing, not anything major, but let's keep this in our prayers.

In summary, Midwest Billing's compassion capability is evident in members' varied and ongoing examples of collective noticing, feeling and responding to pain within and outside of the unit. We now turn our attention to explaining how the unit did this. Figure 2 summarizes the core elements of our induced theory, which proposes that everyday practices cultivate two relational conditions that together enable the unit's compassion capability. Some of the practices foster high quality connections, a relational condition in which connections between people are marked by a sense of positive regard, mutuality and tensility. Some practices also contribute to a relational condition we call a dynamic boundary-permeability norm, which reflects a collective understanding that it is appropriate to both share and constrict the sharing of information about members' personal lives. These two relational conditions in combination facilitate collective compassion while also allowing people to set limits and pull in and out of the compassion process in



**Figure 2** Inductive model of compassion capability

ways that do not fatigue them or distract them from work. The logic and evidence for our model are explained in the next section.

### *Everyday practices at Midwest Billing*

Our second question: ‘*What are the foundations of this unit’s compassion capability?*’ led us to identify seven practices that are central to life at Midwest Billing. These are presented in alphabetical order, and in Table 1: acknowledging, addressing issues directly, bounded playing, celebrating, collective decision-making, help-offering and orienting.

**Acknowledging** This practice refers to a cluster of recurrent activities that recognize and honor individuals’ contributions to the unit in various ways. As part of acknowledging, members regularly note one another’s efforts and articulate one another’s strengths. One vivid example is members designating and hanging ‘recognition stars’, on which members write a short account of something special that another member has done.

**Addressing problems directly** This practice captures the unit’s recurrent ways of managing work-related and interpersonal tensions. For example, Connie explains:

**Table 1** Practices at Midwest Billing

Practice	Definition	Illustration from Data
Acknowledging	Recognizing and honoring individuals' contributions to the unit in various ways	One thing nice in here, I think everybody is very good about giving everybody credit for whatever part that they have in it. They're very good about thanking somebody for helping them, or bringing to the attention that you've really helped us, or your job is as important as this one. Sarah [the manager] keeps that pretty much intact too. She's very good about that. No one pod, no one person, no one group is more important than the other one.
Addressing problems directly	Dealing with conflicts, problems or errors immediately and in a straightforward manner	There are stressful times, but with everyone's help and encouragement you get by. I don't think anyone really holds grudges up here . . . You have your disagreements, and it's done and over with, and you go on. But you don't have anyone up here saying, 'Oh, I don't like this person. They did this, this and this.' We don't have that really.
Bounded playing	Engaging in fun diversionary activities, such as water gun breaks or practical jokes, along with an explicit awareness of need to keep the focus on work	But when we need to crack down and get something done, a special project or something, we do it. Bottom line, it's cool to come in here and laugh and be silly . . . but number one I'm here to do a job and I'm here to get a paycheck and I'm here to just be the best person I can be, bottom line. But if we can have a squirt gun fight, that's cool too. If someone wants to bring some cheesecake, hey, we're all for that, but bottom line is we have goals, we have our AR that we need to maintain.
Celebrating	Recognizing important milestones in individuals' lives through sharing food, collective gifts	You know when people's birthdays are . . . my immediate pod leader, if somebody is moving into a house, she makes sure she gets them some little thing. If it's their birthday, she goes out of her way to do things, and everybody's that way pretty much.
Collective decision-making	Providing input and making decisions around a range of issues related to work and social aspects of the workplace	We do have a lot a lot of say so in the decisions that are made in the department for the most part. Sometimes the results of it are not what we want, but the job that I came from, there was no [collective decision input] . . . like with the Medicare thing that we talk about all the time, we discuss it and agree on it.

Table I Continued

Practice	Definition	Illustration from Data
Help-offering	Monitoring the potential needs of others and proactively making offers of help	I know they're having a bad day, they've got all this work on their desk and I go over and help them. A lot of times I'll go to Melanie and I've got a couple of hours and I'll go, 'is there somebody else somewhere that needs something?' and she'll go find out who needs help and who doesn't.
Orienting	Socializing newcomers in the unit in ways that expose them to new tasks and people	I enjoyed being a Support person, but I wanted to learn. When I first started working here, actually I was going to college for physician billing . . . and so it was very neat that they allowed me come in and work as a Support person. You learned a lot of the basics and a lot of the groundwork in Support, and all of the pieces fall in together once you become a biller, from what you did in Support. You learn the registration, why the registration has to be right, why it doesn't turn out right on the claim if the registration isn't right, or if it isn't billed right. You know the end result of what the work of the biller does, because you have to see it every day, you have to double check it, make sure it's right before it goes out the door. It just lays a real basic groundwork that is a very good stepping-stone. It's great.

If people make a mistake, it's important to let them know that they made the mistake, but to do it in a way that they understand you're not putting them down because how are you going to learn? It's the only way you can learn.

This practice is also found in the way interpersonal conflicts are managed, ensuring that issues do not fester or become blown out of proportion, as Tabitha describes:

If you've got a problem with someone, you try and handle it. You go to them, you talk to them, get it over and done with. Talk it out, work it out, fine. Let's move on now . . . That is a rule in this department.

**Bounded playing** This practice refers to recurrent ways of playing in a bounded fashion with an awareness of the need to ultimately maintain a focus on work. The 'water gun break' is an activity that is part of this practice. Each member keeps a water gun in their desk, and someone may initiate a 'water gun break' for a brief stress reliever. Unit members have found ways to put boundaries on their play. For example, during water gun breaks, those who are not available open an umbrella as a signal. This allows them to

participate, or opt out if appropriate to their circumstances or work demands. As Nora tells us: ‘we will have our squirt gun fights or something every once in a while, but it’s not an all-the-time play time.’

**Celebrating** Many unit members describe recurrent activities having to do with celebrating important milestones in the lives of fellow members. Sabrina tells how the unit’s members always ‘recognize the birthdays’, and Joanne describes how ‘if someone’s having a baby, they do a baby shower, or a little celebration for somebody getting married.’ These celebrations occur during working hours, and they usually involve the making and sharing of food along with a collective gift for the person being celebrated.

**Collective decision-making** This practice involves recurrent meetings of unit members to discuss issues related to work and social aspects of the workplace. Andrea describes how their manager encourages collective decision-making: ‘Sarah tries to bring everything in to all of us. She might send [something] to the team leaders first and then she always brings it to us and makes decisions together.’ This practice is reflected in the unit’s participatory hiring method, when each team takes a turn interviewing job candidates, accompanied by the leaders of all of the unit’s work pods. The entire unit then collectively makes the hiring decision, which Latisha explains is based on ‘not just qualifications, but on their personality, their fit in the department.’

**Help-offering** Members of Midwest Billing engage in recurrent activities aimed at keeping an eye on each other’s workloads, monitoring potential needs and proactively making offers of help. The regularity of this practice is emphasized by Andrea, who says: ‘All the time, all the time . . . we’ll go to each other and ask . . . if we’re ever behind, we just go to each other’s desks and take what we can do to help out.’ Darcy speaks to the importance of the help-offering practice in explaining what it means to know that she can count on her colleagues in this way:

If I’ve got a runny nose . . . I know somebody’s going to help me through the day. Somebody is going to offer me the Puffs Plus, somebody’s going to offer to take my phone for a while.

**Orienting** This practice involves recurrent ways of socializing newcomers, including bringing new members into a pod that they call ‘support’, which provides administrative support to all of the other billing pods. New members join ‘support’, no matter their level of experience or training, and later progress into a billing pod when a position opens through growth or turnover. In ‘support’, newcomers sort and process mail, pull and return files and learn the basic ways of doing work at Midwest Billing. The importance and uniqueness of the orienting practice is captured by Lara:

Here, it’s very different because when you come in the first week, all you do is mail. Even if you were hired in as a biller, you just do mail for that week, which is really great, because it’s all new to you . . . then you go and train with all the different pods for a week, posting and all that and that helps a lot . . . you work with different people, you learn different ways of doing things.

## Relational conditions fostered by practices at Midwest Billing: High-quality connections and a dynamic boundary-permeability norm

The seven everyday practices together foster two important relational conditions that make it more likely that members notice, feel and respond to each others' suffering. These relational conditions constitute the answer to our third analytic question: 'What, specifically, do these practices accomplish that members describe as related to their experience of compassion at work?' Based on members' descriptions, and taking a structuration perspective, we theorize that as members engage in these practices, they foster conditions that enable and constrain how members relate to one another, and, in turn, contribute to the unit's capability for compassion. Below, we elaborate a theory about how these conditions link practices and compassion capability by describing for each condition: 1) what it is and how it is evidenced in the unit; 2) how it is fostered by practices; and 3) how it contributes to the compassion capability.

### *Relational condition 1: High-quality connections*

As members of Midwest Billing described the unit's compassion capability, they often pointed to the quality of their ties with one another. Consider Connie's description:

I love this job. I feel like I can be myself here . . . I'm not afraid to speak up. I'm not afraid to share what I feel with people, just that kind of thing . . . I'm able to be open and if I have a problem, a lot of people will listen, and they will empathize, and they will do whatever they can to help. I've never been in a place like this.

Connie's description provides insight into the first condition fostered by the everyday practices – *high-quality connections* (HQCs) – which are connections between people marked by a sense of positive regard (Rogers, 1951), mutuality (Miller and Stiver, 1997) and tensility (or flexibility) (Dutton and Heaphy, 2003; Stephens et al., 2011). Connie's expressions of feeling known and understood reflect her sense of positive regard. She also conveys a sense of mutuality, as she and her coworkers are available and responsive to one another. There is also evidence of tensility in the connections between unit members, which allows the relational bonds between people to flex under pressure and withstand strain without breaking (Dutton and Heaphy, 2003). As Connie puts it, 'I'm not afraid to speak up.' Whether it is about a unit problem, a personal issue, or a work mistake, her feeling that she can speak her mind without fearing relational repercussions exemplifies the tensility of the connections among unit members.

*Linking practices and high-quality connections* All seven practices engage employees in interactions that contribute to and reinforce the HQCs that characterize Midwest Billing. Most members' first encounter with Midwest Billing exposes them to the practice of collective decision making through their participation in group interviews, which reinforces the importance of relational fit in the unit. Help-offering practices cultivate

HQCs by normalizing both needing and receiving help, and by minimizing feelings of embarrassment or inadequacy. The practice of acknowledging creates multiple forms of recognition that boost feelings of positive regard, strengthening the connection quality of the collective (Baker and Dutton, 2007). Orienting, celebrating and bounded playing establish members' informal bonds and foster authentic knowledge of one another (Sandelands, 2003), which promote mutuality and strengthen relationships (Mainemelis and Ronson, 2006; Miller and Stiver, 1997). Bounded playing also provides well-grooved ways of inoffensively correcting one another, thus contributing to the tensility of ties between people. Addressing problems directly has this effect as well, and also contributes to HQCs by mitigating the buildup of negative emotions in the unit and preventing lasting relational rifts among members (Labianca and Brass, 2006; Williams and Dutton, 2000).

*How high-quality connections enable compassion capability* We argue for three paths through which the unit's HQCs contribute to its compassion capability. First, HQCs enable noticing through attunement among members, or skill at noticing small changes in the condition of another (Benner et al., 1993). Attunement rests on the ability to discern non-verbal signals such as posture and facial expressions, which are seen as a mainstay of emotion-based capabilities (Cote and Huy, 2010). When members are attuned to one another, which is more likely under conditions of HQC (Miller and Stiver, 1997), they are more likely to notice if someone seems 'not themselves', as described by Tabitha:

[My coworkers] can sense when things aren't right . . . Normally I'm a loud, funny-type person, but there's a day when I'm sad or I'm not as talkative as normal, or if I'm not as receptive to funny jokes or anything, then they know that there's something going on.

Second, the unit's HQCs engender identification with the group, which heightens the likelihood of empathic concern and responding. People are better able to take the perspective of similar in-group others, and perspective taking has been shown to increase the likelihood of felt empathic concern (Eisenberg, 2000; Parker and Axtell, 2001). Kamila speaks to this connection between group identification ('us') and empathic concern: 'everybody's always concerned if something comes up with one of us.' HQCs also make collective responding more likely, as the empathy-helping relationship is stronger among those who identify with a common social group (Sturmer et al., 2006). We infer that the willingness to respond, reflected in Theresa's earlier description that 'word just spreads and we all just pull together and help each other out' when a colleague is struggling, is a function of the HQCs among group members.

Finally, the HQCs in the unit allow for honest discussions about individuals' current capacity to respond, making it more likely that the response matches this capacity and does not overtax limited resources. Tabitha speaks to this in describing concerns that unit members had about being asked to give money repeatedly at different times of the year:

I think we had some concerns as far as the money and the times that we needed to give up the money. Christmas is always a rough time. Thanksgiving's a rough time. And so at the end of the year we had met and just decided we needed to make some changes to some things.

As described previously, the quality of the connections among unit members enables the expression of such concerns. This ability to honestly express limits allows members to adjust their responding in ways that guard against burnout or compassion fatigue, making it more likely that people will continue to respond to each other's suffering in the future.

In sum, the relational condition of HQCs does not determine specifically who will notice, feel and respond to suffering that appears in unit. Rather, the condition creates a context in which individuals are oriented toward and connected to one another in ways that allow for such compassion. As elaborated in the next section, the capacity to do this reliably is also related to the way the unit handles the boundary around sharing work and non-work information.

### *Relational condition 2: A dynamic boundary-permeability norm*

The second relational condition that enables compassion capability is a dynamic boundary-permeability norm. Citing Pleck (1977), Ashforth et al. (2000) explain permeability of work and non-work role boundaries as the 'degree to which a role allows one to be physically located in the role's domain, but psychologically and/or behaviorally involved in another role' (p. 474). Data suggest that members of Midwest Billing enact a shared understanding that some degree of boundary permeability is normal and appropriate, as Kamila explains:

It's OK to have problems and issues and basically it's OK to be human. We may be at the workplace and most of us try and keep our personal life out of this place, but sometimes it spills over and you can't help it and it's OK.

We also saw, however, that reduced permeability might be required – and socially sanctioned – if the interweaving of work and non-work roles threatens to become too great a distraction from work performance, as Tammie suggests:

Well, if you take work home you're just going to make home life even more miserable, but if you bring your home in here you're more apt to be on the phone when you're not supposed to, you're more apt to try to run everything else in your life at the same time and that doesn't work either. So if you can try to separate them, some days it's a little more difficult than others, but the more you can do it the easier it is.

To capture this tension, we label this condition a *dynamic* boundary-permeability norm, reflecting a collectively held understanding that what is appropriate and acceptable in terms of boundary permeability is not static; some spillover between work and non-work is acceptable but permeability can and should be limited based on the felt demands of a particular situation. Sarah affirms this norm, as Kylie explains:

Sarah understands we have a personal life and that we have a work life and that things out there shouldn't be brought in, but some days you can't help it . . . we all know what she expects of us, and we also all know that we have personal lives and if there is something going on we can go take care of it.

This norm serves to underscore the need to be able to shift priorities on occasion, emphasizing work at particular times (Perlow, 1997) and one's emotional state at other times. It also normalizes the idea that members might feel overwhelmed by demands on their attention, empathy and ability to respond to suffering (Meyerson, 1994; Stamm, 2002).

*Linking practices with a dynamic boundary-permeability norm* We propose that three practices at Midwest Billing give rise to this norm. The practice of celebrating relaxes the boundary and fosters an understanding related to the accepted degree of spillover between work and non-work domains. Through this practice, the integration of daily work activities with important milestones in members' personal lives becomes normal and accepted, or 'humanizes the workplace' (Lampere, 1985: 520). Another practice, bounded playing, provides members with well-grooved understandings that it is acceptable to pull back from activities when they threaten to become too much and to interfere with work goals (Mainemelis and Ronson, 2006). Dinah describes how people come to understand these flexible boundaries:

I think at times there are individuals who don't know when to draw the line on having fun . . . we have times where some people can carry on and carry on and it will have to be said, 'OK, that's enough.' Just drop a little hint, let's get back to work . . . I think they just learn by watching and practicing and knowing what the expectations are.

Thus, bounded playing helps unit members become adept at allowing non-work elements to enter the work domain, while learning how to restrict this spillover if necessary. Finally, the practice of addressing problems directly supports the dynamic boundary-permeability norm by providing people with ways to be upfront with one another about potential norm violations (Marks et al., 2000; Smith-Jentsch et al., 1996). Taken together, these three practices contribute to a collectively held understanding and acceptance of the shifting boundary between work and non-work, or what we call a dynamic boundary-permeability norm.

*How a dynamic boundary-permeability norm enables compassion capability* We argue that this norm enables compassion capability in two key ways. First, the norm legitimates the sharing of information about suffering, thus increasing the likelihood that people will feel safe revealing personal difficulties (Edmondson, 1999; Kahn, 1990). Tammie describes being able to discuss her suffering with coworkers: 'I was going through a difficult time . . . they were there for me and they listened to me.' Thus the dynamic boundary-permeability norm impacts noticing by helping individuals feel comfortable sharing their suffering, and it legitimates sharing by establishing an understanding that it is acceptable to discuss this kind of information.

By extension, through fostering a sense that it is safe and appropriate to share one's personal difficulties with work colleagues, the dynamic boundary-permeability norm makes it more likely that unit members will know enough about the experiences and struggles of others to seek out particular individuals for help. As Davison et al. (2000) point out; suffering can elicit the desire to talk to those who have experienced similar

challenges. For example, Korinna describes her thought process around who to approach when personal difficulties arise:

There are just things, like things at my age that I'm going through that maybe Melanie, because she's older than I am, she's gone through, and things that Shawna has experienced, even though she's younger than I am, and I'm now going through them. She lost her mother when she was 16. It's been just a comfort to come in here and talk to her.

By facilitating the spread of knowledge about the personal struggles of others, the dynamic boundary-permeability norm allows unit members to know who might be a particular source of insight or comfort. Because members are able to seek out and share their suffering with those who can take their perspective, the norm encourages collective empathic concern. Furthermore, because these co-workers have had similar experiences, they have a sense of what would be helpful, thus increasing the likelihood that they will respond appropriately and meet the unique needs of the sufferer (Davison et al., 2000; Dutton et al., 2006).

The second way that the dynamic boundary-permeability norm enables compassion capability is by legitimating the constriction of information: it keeps the sharing and processing of information among members within locally negotiated limits, and provides members with legitimate and shared ways of constricting the interpenetration of domains when it gets to be 'enough'. For example, Kaitlyn describes how she relies on this norm to limit her repeated exposure to Sabrina's pain (the booboo face) and to carry on with her work:

Only when the line is drawn of enough is enough, and those lines do get drawn . . . . A perfect example of that is Sabrina and her booboo face on Mondays . . . and one day everybody climbed on her and said basically, 'that's enough.'

When Sabrina repeatedly brought suffering from home into work in such a way that it became distracting and overwhelming, members of the unit drew upon the dynamic boundary-permeability norm to raise this issue. Similarly, Darcy expresses that 'if I hear someone coming in whining every day of the week about the same thing, blah, blah, blah, I'll shoot it right in the foot.' While at first these might seem like instances where compassion is lacking, our analysis suggests an alternative interpretation: they represent an important way by which the unit members are able to sustain their ability to respond to the suffering of their colleagues. Kaitlyn succinctly summarized the importance of these limits, or what she calls 'rules': 'I have to have no compassion for you if there are no rules. No, it all has to be within a framework . . . if someone gets totally out of line, they'll get called about it.' By collectively setting and maintaining limits on the overlap they can tolerate between home and work domains, they protect the unit's overall capacity to engage compassionately with future suffering as needs arise.

## Summary

Figure 2 summarizes our induced theory of how everyday practices cultivate two relational conditions that together enable the unit's compassion capability. First, practices

of acknowledging, addressing problems directly, bounded playing, celebrating, collective decision making, help-offering and orienting foster high quality connections by directing unit members to interact in ways that increase mutuality, positive regard and tensility. This relational condition enables compassion capability by facilitating interpersonal attunement, identification with the group and honest conversations. Second, practices of celebrating, bounded playing and addressing conflicts contribute to a relational condition we call a dynamic boundary-permeability norm that reflects a collective understanding that it is appropriate to both relax and constrict the sharing of information about members' personal lives. This norm enables compassion capability by making it more likely that people can discuss their suffering with those who will empathize and be best equipped to respond effectively, and by legitimating the need to constrain the sharing and processing of non-work information when this becomes overwhelming. Together, these two conditions foster compassion capability by facilitating collective noticing, feeling and responding while also allowing people to pull in and out of the compassion process in ways that do not fatigue them.

## Discussion

This study suggests that the foundations of a unit's compassion capability lie in everyday practices that shape conditions pertaining to relationship quality and shared understandings about the exchange of personal information. These relational conditions allow for dynamic engagement with each other's pain, sharing of feelings and adaptive responding that are core processes in a unit's compassion capability. By elaborating how certain practices together cultivate relational conditions that help to create and maintain a collective capability like compassion, we enrich theories of compassion and collective capabilities in organizations.

First, this study enhances theories of compassion in organizations by documenting the existence of a compassion capability in a work unit, and by identifying the kinds of practices that serve as its foundations. Existing research on compassion has tended to examine one-time expressions of compassion in organizations, often following a crisis (e.g. Dutton et al., 2006; Powley and Cameron, 2006). While the possibility of organizations having a compassion capability has been theorized (Kanov et al., 2004), the present research is the first to give empirical attention to these ideas. By revealing how seemingly ordinary practices in a work unit can combine to create conditions that enable collective noticing, feeling, and responding, we contribute to understandings of compassion by framing it as a collective capability.

Second, the present research deepens our understanding of the competence of compassion, particularly with respect to its customization (see Dutton et al., 2002; Dutton et al., 2006). The study of Midwest Billing suggests that work practices contribute to relational conditions that shape a collective's capacity to notice, feel and respond to suffering. In a surprising turn, however, these same conditions are also important in constraining these collective processes, which we theorize is critical for fostering a reliable capacity for compassion over time. Compassion capability is grounded in practices and relational conditions that help individuals manage the tensions between expanding their hearts to those who are suffering, maintaining their focus on the work that must be done and

respecting their own capacities and limitations. In the same way that there can be non-monotonic effects or a 'tipping point', whereby positive processes become less so (Grant and Schwartz, 2011), compassion without limits would not be sustainable. Thus, this study validates the idea that compassion is competent when it is expressed in ways that are appropriate for the particular needs and preferences of those in pain (Dutton et al., 2006), and extends this in suggesting that it must also be customized in ways that are appropriate for the needs, preferences and capacities of those offering compassion.

Finally, this study extends understanding of the foundations and nature of collective capabilities in organizations. We respond to a call from organizational researchers for a deepened understanding of the relational mechanisms underlying such capabilities (Feldman and Rafaeli, 2002; Felin and Foss, 2009). In particular, our research supports and extends Feldman and Rafaeli's (2002) ideas by empirically affirming their theoretical claim that practices shape interpersonal connections, and that these connections are important in contributing to shared understandings about what to do in a particular instance and why some actions are organizationally appropriate. Our study further elaborates this idea by suggesting that the practice-connections link is critical to creating understanding and responsiveness around emotional information. In doing so, we add to a growing interest in capabilities that rest not only on cognition and decision making (Nelson and Winter, 1982; Zollo and Winter, 2002) but rather on responsiveness to the emotional states of organizational members (Akgün et al., 2009; Huy, 1999, 2002, 2005). We further compel organizational researchers to consider collective accomplishments of the heart as a form of skilled collective practice.

### *Limitations and boundary conditions*

A study of a single unit has inherent limitations because of the uniqueness of the site and the lack of a viable comparison. We have provided a modest amount of comparison based on contrast that members themselves make between Midwest Billing and other places they have worked. However, the generalizability of our claims is necessarily limited. As a result, we are unable to compare this unit with other units that may have developed a compassion capability through a different set of practices, or those that have engaged in similar practices but have not created the conditions that lead to a reliable capacity for collective compassion. We believe, however, that the seven practices found in this unit are powerful bases for building a compassion capability in a variety of collectives. While some of these practices may take longer than others to implement in an organization wishing to build a compassion capability, practices such as celebrating, bounded play and acknowledging may be easier to implement in the short term, and could move a unit or organization closer to having a capability for collective compassion.

In addition, since the unit was all female at the time of our interviews, it is possible that the unit exhibits a subculture that is different from the overall culture of the hospital system and that encourages bounded emotionality and a sense of community (see Martin et al., 1998). Because the unit is relatively low status and mobility beyond the unit is rare, this group could also represent a strong social group (Kanter, 1993) that operates with a distinct set of norms and values. Such considerations offer important boundary conditions for our claims.

## Conclusion

Through a detailed account of one organizational unit we enrich theory about how everyday practices cultivate a collective compassion capability, which we believe is a powerful asset for any organization. Our study points to the quality of connections between people and the norms for the permeability of the work-life boundary that shape the relational landscape in which episodes of human suffering and compassionate responding unfold. It also highlights the value, to employees, the organization and those in the community, of a workplace where members' suffering can be surfaced, attended to and healed. People are more likely than ever to bring suffering to work as the border between the organization and society becomes increasingly blurred (e.g. O'Leary-Kelly et al., 2008). This trend underscores a need for organizational scholars to deepen our understanding of how organizations develop and maintain relational and emotion-based capabilities such as compassion capability.

## Appendix A

### *Interview protocol*

1. Tell us a little about yourself and your experience with this unit:
  - How long have you been here?
  - Can you describe what a typical day is like?
2. Now let's focus on **the billing unit**:
  - Tell us what life is like here in the billing department.
  - How is this unit similar to other units or other places you have worked?
  - In what way is this unit compassionate or caring? How do you know?
  - Why is it compassionate/caring?
  - In what ways is compassion or caring absent in the unit? What contributes to this lack of caring or compassion?
  - Imagine you were trying to get rid of the caring and compassion in the group, what would you take away or destroy?
  - Imagine you were starting your own billing unit in another hospital that you wanted to be compassionate and caring? What would you do in this new unit to make sure compassion and caring happened?
  - What difference does compassion or caring make?
  - If you were describing to a newcomer what the core values are of this group, what would they be? How do these values get expressed?

## Midwest billing observation protocol

### *Culture*

- Socialization: What do they tell newcomers?
- What are the symbols of the workplace? What do they seem to represent?
- What do people wear? What kinds of self-presentation can you see? What does it tell you about the nature of the workplace?

- What materials do they use to present themselves and their work?
- How is status visible? How is it invisible?
- How would you describe the culture? How do others describe it?

### *Structure and performance*

- How is the unit structured? Are there formal groups? Informal groups?
- How are people rewarded informally?
- How are people rewarded formally?
- What forms does recognition take?
- Are there informal systems of expertise?
- Are there formal systems of expertise?

### *Emotion and compassion*

- How do people notice one another?
- What kinds of emotions do you see and feel?
- Can you see presence and people being with one another?
- Can you see listening?
- Can you see small acts that look compassionate?
- Can you see people covering for others?

### *Coordination*

- How do people coordinate their work informally?
- What are the formal kinds of coordination that people work?
- Does compassion facilitate coordination in any way?

What would you ask people about coordination and compassion if you could ask questions?

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