



Battling the barriers to compassion in organizations

Australian Journal of Management

1–40

© The Author(s) 2024



Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/03128962241286071

journals.sagepub.com/home/aum**Miia Paakkanen** 

University of Helsinki, Helsinki, Finland

Frank Martela

Aalto University, Aalto, Finland

Anne Birgitta Pessi

University of Helsinki, Helsinki, Finland

Abstract

Compassion at work has been linked to many important work outcomes, including improved well-being, leadership capability, cooperation, and commitment. However, what prevents compassion at work has not been adequately studied, with only a few research studies on the barriers to compassion; those that exist are mainly limited to healthcare. This empirical article explores the barriers to compassion through interviews with 14 groups of managers and employees ($N=81$) from five different organizations in a variety of fields. We identify barriers in five dimensions: mindset, behavior, culture, system, and leadership. Importantly, we have discovered that the barriers are often interrelated within and across dimensions, revealing their interdependence. Failing to recognize not only barriers as such but also their systemic interrelations may present a major barrier to the management of compassion at work. In fact, understanding the systemic nature of barriers can make the battle against barriers to compassion more effective and systems intelligent. We discuss the theoretical contributions as well as the practical implications of our findings for managers and offer a blueprint for optimizing compassion on an individual, community, and leadership levels.

JEL Classification: O15 Human Resources/Human Development

Keywords

Barriers to compassion, compassion, management, organizations, systems intelligence (M)

Corresponding author:

Miia Paakkanen, University of Helsinki, P.O. Box 4, Helsinki 00014, Finland.

Email: miia.paakkanen@helsinki.fi

Final transcript accepted 27 August 2024 by Helena Nguyen (DE Special Issue).

I. Introduction

Following the recognition that people are not only emotional creatures at home and in their social lives, but also at work (Ashforth and Humphrey, 1995; Ashkanasy and Dorris, 2017), management of compassion has increasingly been seen as an important factor for employees' well-being, resilience, and high-quality interpersonal connections (Crawford et al., 2020; Dutton et al., 2014; Fry et al., 2013; Huppert, 2017; Mills and Chapman, 2016). Accordingly, compassion at work, which is defined as an interpersonal process involving the noticing, sense-making, feeling, and acting that alleviate the suffering of another person (Dutton et al., 2014), has been linked to various positive organizational outcomes, such as increased attachment and commitment to one's organization, lower turnover rates (Grant et al., 2008; Lilius et al., 2008), and improved cooperation and trust (Dutton et al., 2007). Compassion has also been related to others' more favorable perceptions of management capability, intelligence (Melwani et al., 2012), and servant leadership (Paakkanen et al., 2021).

Given the importance of compassion in workplaces, organizational researchers have increasingly turned their attention to studying whether and how compassion can be increased and strengthened in organizations. A growing number of studies has shown that compassion can be cultivated in people through training and practice (e.g. Gilbert and Procter, 2006; Kirby et al., 2017; Neff and Germer, 2013). A few such studies have also been carried out in occupational settings; they show that compassion can be fostered through meditation practice among employees (Fredrickson et al., 2008; Scarlet et al., 2017), with the use of common humanity scenarios (Ling et al., 2021) and through emotional skills cultivation training among managers (Paakkanen et al., 2021).

However, often the presence of compassion at an interpersonal, team, or organizational level can be hindered by various barriers that prevent well-intending employees from expressing the level of compassion they would like (DeCelles and Anteby, 2020). Personal, cultural, or structural factors might stand in the way of the employees being able to express their compassion, and thus, how much compassion is expressed in the organization is determined not only by finding how compassionate the employees are but also by identifying whether there are no significant barriers for its expression (e.g. Dev et al., 2019; Singh et al., 2018). Thus far, only a few studies have examined such barriers to compassion in workplaces; they have mainly been in healthcare settings in which care for patients is at the heart of the job (e.g. Dev et al., 2019; Singh et al., 2018). While some of those findings may be generalized to other industries, the measures used in these studies to identify barriers and the categorizations of the barrier findings are often quite specific to the healthcare industry and to the distinctive customer relationship between physicians and patients (e.g. see the study by Fernando and Consedine, 2014, 2017; Papadopoulos et al., 2020; Wang et al., 2022).

Moreover, in terms of awakening compassion, the negative impact of barriers is likely to have a disproportionally large effect on how much compassion is actually expressed in organizations, since the psychological and physiological threat reactions in humans are naturally stronger than the soothing reactions necessary for such compassion to arise (Baumeister et al., 2001; Depue and Morrone-Strupinsky, 2005). That is, in terms of positive and negative valence or reactions to feelings of threat and safety, humans have been shown to have a negativity bias (e.g. Baumeister et al., 2001; Cacioppo et al., 1997; Rozin and Royzman, 2001), suggesting that negativity carries more weight than positivity regarding what is noticed and reacted to and the volume and speed at which something is processed (Rozin and Royzman, 2001). This means that unaddressed negative barriers to compassion at work might have a greater negative impact than that first assumed.

Furthermore, there is easily a tendency to look at the barriers to compassion as the shortcomings of individuals, hold the teams responsible, or blame the institutional level such as corporate culture. Such a one-dimensional and narrow focus can be seen in both academia and practice and can

form a major barrier to the realization of compassion in various settings. However, very little is known about the systemic role of the barriers and the interrelations of different barriers to compassion across organizational levels. The barriers might be interconnected and uphold each other, making it difficult to uproot one without addressing some others. This calls for a more systems intelligent perspective on the barriers to compassion. Systems intelligence means “intelligent behavior in the context of complex systems involving interaction and feedback” (Hämäläinen and Saarinen, 2006: 17). Such a lens highlights that systems—including human systems such as teams and organizations—do not consist of isolated parts that can be examined and altered separately, but typically there are many interconnections between the various parts. To understand and especially to change such systems, one must pay attention to these interconnections. Being able to express compassion at work can thus be seen as a systemic effort (Vogus et al., 2021). Indeed, theories on organizational compassion highlight that the mechanisms of compassion organizing are multi-level and complex, depending on both individual-level action and structural-level features of an organization, and in particular, on their emergent dynamics (Dutton et al., 2006; Kanov et al., 2004; Madden et al., 2012). This has led to calls for studies looking at both levels together (Kanov et al., 2004). Organizations as such are not compassionate. Rather, it is the dance between the individuals of an organization who sense and pick up on emotional signals around them and the organizational processes and practices that influence, for example, what their members notice, become aware of, and address in their surroundings (Kanov et al., 2004). At best, due to the systemic complexity—and as we suggest, systems intelligent action—this dance may lead to the unplanned emergence of organization-wide compassion, initiated by one or more individual members of the organization (Dutton et al., 2006; Madden et al., 2012).

Therefore, taken together, the asymmetrical impact of negative valence over the positive and the multi-dimensional and systemic reality of compassion organizing and its barriers, it is critical to better understand the sources and interrelations of the barriers to compassion at work to manage them more wisely, thus better enabling the awakening of compassion and its benefits.

Accordingly, the aim of this article is twofold: First, we present an empirical, qualitative investigation of the barriers to compassion in organizations. Given that there is little existing work on these barriers, especially outside healthcare, an explorative, qualitative approach was deemed necessary (Gehman et al., 2018), as it is particularly suitable for inductive theorizing that “surfaces new insights” (Bansal et al., 2018: 1190). Thus, our first main aim was to inductively identify the key barriers of compassion based on our data.

Second, taken that compassion organizing is a systemic effort (Dutton et al., 2006; Kanov et al., 2004; Madden et al., 2012), but very little research exists on the systemic nature and the interrelations of different barriers to compassion, our aim is to use our data to further understand and recognize the nature, sources, systemic roles, and interrelations of the barriers, as well as their potential inherent characteristics that help explain the challenges and opportunities that are relevant to the work of overcoming barriers. Through this second phase, our aim is to provide managers with insights into the systemic barriers to compassion in organizations that will help them to cultivate compassion more effectively in their organizations and contribute to the research on workplace compassion.

2. Methodology

Compassion is interwoven in the complexities of the social and systemic life of organizations. Thus, to understand its barriers, it is important to listen to the voice of the people experiencing these workday complexities. Accordingly, the current study draws from thematic focus group interviews with managers and employees from five different organizations representing various industries and sectors. Within the past year, all five organizations had been exposed to information about

workplace compassion and emotional skills. This was an indication that the organizations might be more aware and ready to talk about compassion and possibly able to better understand what compassion at work is to share insights on the barriers to compassion from different viewpoints.

2.1. Participants and procedure

To identify a broad set of barriers, we decided to do interviews in different types of organizations as different organizations may face different barriers. Accordingly, our study included five organizations encompassing different industries from private and public sectors, including finance and insurance, commercial TV, an art institution, and a municipality. Altogether, 14 thematic focus-group interviews were organized with a total of 81 informants contributing to the data collection. Instead of individual interviews, focus-group interviews were selected to be able to include a larger number of informants to the study and to create a lifelike conversation around the topic of interest in which the interviewees help each other to dig deeper into the topic under the guidance of an experienced interviewer. The interviewer was an external expert in qualitative focus-group interviews and ethnography. This ensured that there was no dependency relationships between the interviewees and the interviewer that could affect the unfolding of the discussions, as well as that the interviewer had experience in guiding the conversation without leading the participants to give answers in specific ways and in creating a safe and accepting environment where different opinions and thoughts could be raised.

Across the groups, the informants had most often worked over 10 years in the organization (options ranged from less than a year to over 10 years). On average, 77% of them were women, and 23% were men. They were of aged 41–45 years on average and had worked as supervisors for an average of 3–5 years. Eight of the groups of interviewees had participated in a training session on compassion and work life emotional skills 1 year before. The other six groups had not participated in the training but worked in the same organizations as those that had been in the training. The informants of each group were selected by invitation based on wanting to have a mix of people having participated in the training a year before and people who had not participated in the training but who worked in the same departments as people who had. The invitations were sent out by a representative of the organization, typically from the HR department, who also selected the departments to whom the invitations were sent out to. The training had been a compassion-cultivating emotional skills training. It had consisted of six 3-hour modules teaching compassion through teaching emotional skills. Topics had included among others increasing awareness of emotions and compassion at work, understanding the forces behind emotions, strengthening positive emotions, and facing negative emotions and difficult situations. The training was taught by one instructor, and the participants were directed to reflect the management of emotions and compassion in self, in others, and in the organization. Instead of meditation, each module had included literature, discussion, and self-reflective exercises, as well as pair and group exercises.

The fact that approximately half of the participants had participated in compassion training and the other half had not allowed us to observe the perspective of both those more sensitized to the theme and those learning about it for the first time. Together, these 14 groups of interviewees provided a relatively comprehensive perspective on the question of what stands in the way of compassion at work, particularly given the diverse set of industries.

2.2. Material

Each interview lasted between 82 and 131 minutes (see Table 1). All participants agreed to record interviews, which were manually transcribed in full, resulting in 560 pages of interview data. The

Table 1. Outline of the interview data.

Interviews		
Industry	Number of participants, excl. interviewer	Length
A large art institution	12	01:49:08
A large art institution	5	01:37:45
Financing and insurance	2	01:22:03
Financing and insurance	5	01:57:30
Commercial TV	5	01:34:51
Commercial TV	5	01:44:51
A large municipality	4	02:02:36
Commercial TV	7	01:57:39
Commercial TV	2	01:29:09
A large art institution	6	02:10:01
A large art institution	8	02:05:55
Financing and insurance	4	01:57:32
Financing and insurance	3	02:11:27
Financing and insurance	13	01:57:36
14 Interviews	Total 81	25:58:03

study and its goals as well as directions for the interviewees were introduced in a similar manner to each group in the beginning of the interview. The goal and focus were introduced as to study the realization and manifestation of compassion in the participants' own workplaces after the organizations' participation in a training teaching compassion through emotional skills. The interviewer described the background of the study, the practice of recording the interviews, the anonymity of the interviewees, timeframe, the meaning of focus group interviews as a platform to share thoughts and perspectives related to a specific topic instead of having to give right answers, the permission to ask for a break or to ask anything of the interviewer, the overall outline of the questions, and the practice that the interviewer takes care that the discussions stay focused and move forward, for example, with auxiliary questions if need be without the interviewees having to worry about that.

The topic guide for the semi-structured interviews explored the interviewees' experiences of compassion at work (see Appendix 1 for the outline of the key interview questions). The topics included instances of or requirements for compassion, samples of failures and blocks, possible effects of compassion on work culture, leaders' role in creating a healthy or compassionate culture, and the connection of positive emotions and compassion. Each topic was approached with one or two questions designed to elicit further discussion. For example, regarding the topic of instances of compassion, the participants were asked to give an example of actions taken or ideas followed that reflect compassion. Regarding samples of failures and blocks, the participants were in turn asked to give examples of the parts of work where compassion is lacking and explore reasons why it might be lacking there. Similarly, regarding work culture, the participants were asked to give examples of how compassion might have affected or changed their work culture.

2.3. Analysis

The analysis was inductive, data-determined, content analysis (Bryman and Bell, 2011) that followed the grounded theory approach (Strauss and Corbin, 1998). Our perspective was inevitably informed by previous literature and theoretical discussions on compassion. However, the focus

was on the data determining the themes of our findings; thus, insights could emerge from the data. “Barriers to compassion” was an emergent theme that was identified early in the analysis; therefore, this became a dominant organizing factor in the analysis.

The analysis began with reading the interview transcripts multiple times to build a sense of the whole picture, before the data were broken down (Bazeley, 2013). Then, the material was annotated with comments, ideas, and observations using Atlas.ti qualitative analysis software. During this process, data were checked again three to five times. Next, preliminary thematic coding was performed on the material, highlighting the presence of interesting or meaningful pieces of content regarding the realization and manifestation of compassion. Such interesting content was usually coded with several codings, which were then merged into one umbrella code during the next round of analysis. The coding was merged based on the theoretical interests of the present study and the researchers’ expertise in the topic of compassion at work. In cases of discrepancies, they were resolved through discussion and the first author having the final say in categorization decisions. A key observation that surfaced from this phase was participants’ frequent referrals to different types of barriers in the way of practicing or increasing compassion. As the preliminary codes were assembled, discrepancies and differences examined, and a thematic structure of the results created, it became apparent that the barriers fell into four overall categories representing either an individual or a community-level dimension of an organization and either inner or outer reality of that organizational dimension. For example, a barrier concerning one’s own prejudices about people was categorized in the dimension of an individual’s inner reality. In addition, some of the barriers seemed to cut through these four dimensions, touching all of them; thus, they formed a fifth category of barriers. These five categories then became the framework through which the data were analyzed.

Further categorization of the barriers into the five dimensions of the framework revealed interrelations of the barriers within and across the dimensions. It became apparent that the barriers could not be treated as isolated entities, but rather were inevitably systemic and interactive in nature. For example, a piece of data describing a barrier to compassion such as manipulative behavior or a lack of psychological safety turned out to be linked to one or multiple other codes relating to an individual’s and community’s inner and outer realities that impact that barrier. Thus, the barrier came out to be intimately linked to other barriers within the same dimension and across dimensions. This led us to choose systems intelligence as a theoretical lens through which to interpret the data, in order to focus on these systemic interconnections between different barriers. The systems view encouraged us to honor this data-determined, system-wide interactivity of the barriers as an essential finding on its own. Ultimately, the appearance of each barrier code was quantified to learn which barriers were the strongest in terms of frequency of appearance. Furthermore, each barrier code was quantified in relation to other barrier codes, which revealed those interrelations between different barriers that were especially strong and repeated, or otherwise particularly interesting. This, in turn, revealed those barriers that were most likely to create repeated interrelations to other barriers, referred to as determining barriers. As it was not possible to present all the barriers and all the interrelations of the different barriers in writing in this article, here the focus is on presenting the ones most often cited and thus arguably most robust, along with a few additional barrier linkages deemed as especially important.

2.4. Data quality and validity

Data quality and validity were addressed in many ways. First, the data were analyzed twice by two different researchers within the same research team to validate classifications and categorization (Miles et al., 2014). Neither played any part in the analysis process of the other, including the initial

process of inductive analysis. Second, moving from smaller to larger data sets to gain a larger sample of cases of barriers to compassion was part of the comprehensive data-processing approach. All events where employees referred to barriers to compassion were coded and categorized. Overall, data coherence and integration were reached by presenting subtleties in the rich qualitative data (Elliott et al., 1999) while using the emergent framework of the organizational dimensions as a tool to bring consistency into the categorization of the barriers.

3. Findings

The study results showed that employees identified numerous barriers to compassion (see Table 2). Based on the results, some barriers can be identified as particularly strong, as explained above in the Analysis section. That is, in this context, barrier strength is defined as how often it appears. In addition, based on the analysis, the identified barriers seemed to operate in five different dimensions: mindset (individual-level barriers regarding one's inner reality); behavior (individual-level barriers regarding one's outer reality); culture (community-level barriers regarding organization's inner reality); system (community-level barriers regarding organization's outer reality), and leadership (barriers in the intersection of both individual and community levels, as well as both inner and outer realities; see Figure 1). First, barriers identified in each dimension will be listed, and examples are provided for some of the barriers of each dimension; these examples were carefully selected as representative of the dimension within the data corpus. This means the representative examples include barriers identified as the strongest barriers. In Table 2, we present the full list of barriers of each dimension informed by the data. In Table 3, we present the strongest barriers in the order of strength. Second, we present our findings of the identified interrelations of the barriers. The examples include barrier interrelations deemed strong and repeated, or otherwise noteworthy. We also provide the list of determining barriers identified, as explained above in the Methodology section. Ultimately, we bring these two steps together and recognize the strongest barriers among the determining barriers and present these as the key barriers for managers to focus on.

3.1. Mindset: *do I see possibilities for growth in my own thinking?*

On an individual level, employees recognized six barriers related to their inner world—referred to herein as mindset including emotions, thoughts, beliefs, experiences, and perceptions. According to the analysis, these barriers prevented compassion because they made it more difficult to understand oneself or the other, or to embrace a growth mindset. For example, lack of self-awareness made it hard to understand oneself, blocking compassion; one employee stated,

Many times, not looking at myself in the mirror is the biggest barrier. We walk blind-folded imagining others should act and think like we do. One should first think of what one could do differently, or give to others before thinking of what others should do differently or give to them. Maybe we are afraid of losing face or seeming soft, vulnerable. And then we armor up. Refuse to see ourselves in the mirror.

The difficulty of understanding differences in others or choosing to “look behind” bad behavior and interpret it generously, in turn, made it more difficult to understand others, which prevented the development of compassion. Another employee explained:

The situations are so different and the other person's emotions may be caused by so many different things. It's not like 'here's a guidebook, you just need to follow it, and all will go well.' It requires practice and it is difficult, I think.

Table 2. The list of barriers to compassion.

Dimension	Barrier group	Barrier	Abbreviation	Example
MINDSET	Understanding self	Lack of self-awareness and therefore lack of practice	Lack of self-awareness	"Many times, not looking at myself in the mirror is the biggest barrier. We walk blind-folded imagining others should act and think like we do. One should first think of what one could do differently or give to others before thinking of what others should do differently or give to them. Maybe we are afraid of losing face or seeming soft, vulnerable. And then we armor up. Refuse to see ourselves in the mirror."
		Lack of self-compassion/ acceptance of own humane mistakes in order to improve and learn	Lack of self-compassion	"It is the hardest form of compassion to be merciful to oneself. We forgive others easily but to be forgiving to yourself is hard."
		Own prejudices, lack of prior experiences, and categorization of people	Prejudices and categorization of people	"When you are a certain type. Or at least you think you are. Then it is so easy to expect others around you to be or act the same."
	Understanding the other	Understanding differences in others is difficult	Difficulty of understanding differences	"The situations are so different and the other person's emotions may be caused by so many different things. It's not like 'here's a guidebook, you just need to follow it, and all will go well'. It requires practice and it is difficult, I think."
		Lack of or difficulty of looking "behind" bad behavior and interpreting generously	Difficulty of looking "behind" bad behavior	"Letting the other person's irritating characteristic take up so much space in one's head that one doesn't even try to assume the other person's perspective."
	Growth mindset	Lack of ability or choice to see possibilities (in thoughts, self, and others)	Lack of seeing possibilities	"It is a great problem if people do not assume a positive view of humans in that everyone has things they need to develop in themselves, and that people can learn and renew themselves."

(Continued)

Table 2. (Continued)

Dimension	Barrier group	Barrier	Abbreviation	Example
BEHAVIOR	Candor	Abuse of compassion, compassion failures, manipulation, inauthenticity, and lack of candor	Manipulation and inauthenticity	"You are praised not because you are good (at your job), but to make you work harder and harder and do overtime. You find that feedback is not honest."
		Injustice, inequality, and unfairness	Unfairness	"It was on a volunteer assignment. My mother was . . . dying. And I couldn't leave there from work. I called to a co-worker and asked if they could cover me. She said that she can't because she was going to the movies with her husband. It was something terrible. When you don't get help and compassion, when you absolutely need it. I said, sure, have a fun movie night. And I called the next one."
	Commitment to compassion	Pity	Pity	"It feels like someone is somehow watching someone else from above. That someone feels sorry for a person in a bad position. Unlike in compassion, you don't act as if you were in equal positions."
		Lack of commitment, practice, choice, decision to act differently, and courage or conscious action, automatic pilot, requires effort	Lack of choice and practice	"It is like an athlete going to perform. A person needs to attune and get into the right kind of vibe beforehand. It is possible to approach situations positively, but it feels like people are going from one problem to another instead. Small things would be enough, but the problem is that one forgets. It requires reminding and then committed acting in the small everyday situations."
		Lack of consistent repetition	Lack of consistent repetition	"It is not like you exercised three times five years ago so you're good. The same applies to mental training. It is not a one-time thing, but one needs to maintain it all the time."
		Forgetting social responsibility and own impact	Lack of responsibility/ forgetting own impact	"For example, meetings are so easily marked in a certain way, such as passive, boring, or uninteresting, to allow oneself to not carry one's part or responsibility. Then it is very hard to break down one's own behavior and change it, begin to act differently, even though it might be much more fruitful."

(Continued)

Table 2. (Continued)

Dimension	Barrier group	Barrier	Abbreviation	Example
		Hurry and stress	Hurry	"I thought that it'd be great if I'd personally go and give feedback to at least one person a week . . . but there's just so much work to be done that I at least just don't have the energy, even though it would not take that long or be that hard, but even I would rather just sit by myself and focus on your work than go and try to find the right time and the right way to approach the situation . . ."
	Openness	Lack of communication, listening and exchanging experiences	Lack of communication	"The pace of work is quite intense and we talk about work matters, but maybe not about the spirit in which work is done, or things of that type."
	Empathy in interaction	Developing own empathy, emotional skills, or behavior is difficult	Difficulty of developing empathy	"It is much easier to say that from tomorrow onwards a thing will be changed. But developing emotional skills, for example, feels more like changing one's personality. If you just start acting differently or emphasizing things differently, there's a danger of it not being genuine. People can laugh at you. 'I am now going to change my behavior, that starting from tomorrow I will be different.' It just doesn't work that way."
		Discussing and facing problems is difficult	Difficulty of discussing problems	"For me it was like the first ever constructive feedback session. We were receptive, but the performer had also really thought about how he would present it. It is like someone said: It is not what you say, but how you say it. And that's really the key to so many things. It is hard to bring up difficult issues. But it is precisely the dismantling of such unpleasant things that is important. Otherwise nothing will improve, and on the corridors people whisper and spend years hating each other behind backs."
		Difficulty of approaching human/emotions first, then results	Difficulty of human-first approach/lack of assessment of emotions before facts	"In a way, it's very easy to say that now we do things this way and that things are in a certain way. It's more difficult when you have to throw yourself into it and make yourself vulnerable. Especially on this emotional and caring side."

(Continued)

Table 2. (Continued)

Dimension	Barrier group	Barrier	Abbreviation	Example
		Difficulty of reconciling different approaches/ways of acting	Difficulty of reconciling different ways of acting	"For example, in a customer service situation, in which you as a woman serve a man who comes from a culture where men don't talk to women. You can't avoid feeling hurt and perhaps angry, and thinking that why isn't he looking at me, and that this is not right, etc. But then you have to work through it and find a way to have understanding."
CULTURE	Sense of shared humanity	Lack of social group support and encouragement, including a lack of shared acceptance of emotions and compassion	Lack of social group support	"When there are several people who know what compassion is and why it is important, it more easily becomes part of the everyday worklife, but when one is alone with the knowledge, much is forgotten or overlooked."
		Lack of shared awareness and a sense of shared responsibility of everyone's behavioral impact	Lack of shared awareness	"It feels heavy sometimes. Someone is in that emotional state and you know that you're the one who should handle it. Because at that point you can't start telling the person that 'listen, your brain is now . . .'. It doesn't work like that. Instead I have to find the tools myself in that moment. But if everyone knew the tools, it would be a different thing."
	Shared courage to connect	Lack of psychological safety and a sense of permission to share emotions	Lack of psychological safety and shared permission	"But if someone has courageously tried to bring up an important issue with the consequence that they are excluded from the next project, then everyone senses the fact that expressing oneself or bringing up difficult issues is not worth the risk."
		Lack of talk and reacting equals acceptance of wrong-doings, fear of interfering	Fear of interfering	"It's taxing. And it's hard to interfere with that in working life. There are people who are burdensome. But you wouldn't want to go and tell your superior about it, even though it really affects you terribly. Because they are often handled wrong and someone suffers, so it doesn't necessarily help, even if you try to tell about it."

(Continued)

Table 2. (Continued)

Dimension	Barrier group	Barrier	Abbreviation	Example
		Fear of compassion; fear of showing a need for compassion, ethos of "one must do alone," lack of setting healthy boundaries	Fear of compassion	"There is uncertainty in work life . . . and the fear of being marked as weak if in need of help. If I let people know now that I cannot do something, then what will happen to me in the next layoffs?"
		Difficulty of approaching human/emotions first, then results	Difficulty of approaching human first/lack of assessment of emotions before facts	"It was an insane insight for me. I realized the mechanism. That here are the facts and here are the emotions that people feel (about the facts), and people are guided by their emotions before the facts. Still, we often bring up the facts, argue with the facts, even though we should first listen to how people feel about the facts if we want them to follow them."
		Lack of alongsidedness (lack of empathy)	Lack of alongsidedness	"It's really important to have someone with whom to concretely share and to whom to talk when something difficult comes up. I remember a day when I wanted to throw in the towel and go home. I decided to call one particular colleague. We are both quite solution-oriented. She gave another perspective to the situation, after which I didn't have to think about it anymore. I was able to function and continue working with different energy afterwards."
		Lack of openness, transparency, communication, and listening and lack of open and free discussions of everything else than work	Lack of transparency, communication, and listening	"I do not know where the company is going. It seems it is heading towards doing thing that are no longer in accordance to my values. At some point, I too would have to be committed to a project that goes against my values. This should be discussed openly here, but it is not, and it is terribly scary."
Shared openness		Lack of acceptance of differences in opinions and ways of experiencing things or behaving, distrust	Lack of acceptance of differences	"feeling that it is okay or accepted by everyone to disagree and speak up without the pressure to adjust one's own opinions according to the mainstream"

(Continued)

Table 2. (Continued)

Dimension	Barrier group	Barrier	Abbreviation	Example
SYSTEM	Fairness	Lack of appreciative responsiveness	Lack of appreciative responsiveness	"others going along or at least developing it further rather than putting it down or being dismissive when someone presents an idea, even if it does not seem that smart."
		Lack of play	Lack of play	"For those moments when you feel that everything is going wrong or nothing is going to work, we need a chance to stop and be playful or inject humor which would allow everyone to reset the situation and see things in a new way"
		Injustice, unevenness, unfairness	Injustice	"treating everyone's professionalism and competences as equally important not despite them being different but because they are different"
	Efficiency at the expense of well-being	Lack of sufficient resources, too much workload, stress, traumatic change, too much focus on efficiency, focus on short term at the expense of the long term, hurry, unnecessary bureaucratic stiffness, lack of autonomy or room for flexibility	Excessive workload, stress, and bureaucratic stiffness	"Do we just go forward, try running a bit faster at the expense of stopping and giving time, room, and openness to new ideas. Compassion requires room and autonomy. Everything cannot be predetermined, dictated, or tightly agreed."
		Lack of approaching human/emotions first, then results	Lack of approaching human first/lack of assessment of emotions before facts	"Emotions need to be given the room. Even at the expense of results, the company needs to be led by 'soft' values. If everyone knew the meaning of emotions, big things could be achieved. Say layoffs, I would have liked us to have a forum where everyone who stayed behind could have met up to discuss it."
		Lack of room for sharing and discussing freely, lack of communication and listening	Lack of communication and free discussions	"Overall, even though we work and sit in the meetings together, we do not have space or organized meetings to talk about compassion or related topics in a way that would help us to genuinely connect to each other. We only talk about work stuff"

(Continued)

Table 2. (Continued)

Dimension	Barrier group	Barrier	Abbreviation	Example
	Investment in and commitment to compassion	Lack of consistent spreading and scaling	Lack of spreading	"If we wanted compassion to our organization, it should be reflected in our (company) info. There needs to be system-level changes. The know-how is now in people, but if you want it to spread throughout the organization, you should start with the management, the operations, different structures. It grows little by little, but it's quite a long way in a big organization."
		Lack of consistent repetition	Lack of repetition	"It is about how to find the ways to maintain it. The meetings like this interview where we talk about the real and deep things . . . they don't happen if they aren't organized. We don't do that but if we did maintain them, we could increase compassion."
	Candor	Difficulties/Problems are not faced	Not facing problems	"There are such strict rules for how it (dismissals) goes . . . but of course one could have hoped that the issues would have been brought forward, the way of how they were justified would have been taken into account and that we would have been told about their effects."
	Appreciation	Lack of appreciation	Lack of appreciation	"What's been missing quite a lot here is career planning . . . for those who have an interest in it, it would give meaning to their current work and hope for future in that there are people who see potential in me and prospects for me within this organization. It would also help to better cope with the stages when the current work tasks aren't a dream job."

(Continued)

Table 2. (Continued)

Dimension	Barrier group	Barrier	Abbreviation	Example
		Lack of a sense of meaningfulness	Lack of meaningfulness	"Perhaps there is a problem with making it visible . . . that we don't bring out that meaningfulness. You do not feel or think about it if it is not made known and remembered. But if, for example, we could see it here in the office that how much we have helped our customers or what is the impact of our work on society, it could be that more people would walk through those doors proud and with head held high about the fact that they're working here"
		Distrust	Distrust	"We might get a notification that from tomorrow onwards everyone does this and that, but when one asks, no one has tested whether it is in fact possible in practice, whether there is time and resources. You can't trust the bosses to have a clue about what the employees' work actually is and requires."
		Lack of committing to the organization as a place to work	Lack of commitment	"There aren't an awful lot of committed employees in this company anymore. Before this was a very desirable job, people wanted to come work here in masses. . . . we are in a golden cage here. If I could choose, I wouldn't mind giving part of my salary away in return for better well-being in this workplace. I no longer believe in good in this organization, I don't care what our boss says."
		Lack of accepting differences	Lack of acceptance of differences	"We have worked in different roles before (with my colleague). When I went into their territory, the blinkers were off. I saw their job in a different light and my appreciation for them increased."
		Injustice, unfair rewarding, feedback, or measuring	Unjust rewarding	"People are not praised for their efforts equally. Some jobs are naturally more visible, and some employees are easier to give feedback to, but everyone deserves an equal chance to be seen in a good light."

(Continued)

Table 2. (Continued)

Dimension	Barrier group	Barrier	Abbreviation	Example
LEADERSHIP	Candor and courage	Not having the difficult conversations	Not having the difficult conversations	"Even after layoffs, we were left alone with the experience. I wished my supervisor would have shown compassion and understanding, or some candor to face the issue and our experiences."
		Unfairness, injustice, and inequality	Injustice	"Leaders gather their own supporters around them, whom they protect and who protect them. Then the rest of us standing in the line have no chance to influence anything; we just need to shut up and work."
		Unclear communication/behavior	Unclear communication	"It would be easier to fight for issues if we were clearly told what it is we are aiming to achieve. The obscurity and lack of clarity in communication is beyond bearing. . . . It makes you feel unsafe. For example, when an employee asked for the work schedules for the next three weeks, they could not be given because we have layoffs during the next three weeks."
		Abuse of compassion such as manipulation, not giving feedback of mistakes and inauthenticity	Abuse of compassion	"Usually we all want to be heard, so naturally you feel good when your boss asks you how you are doing, but when it is not sincere, the next thing you know is that they force a job on you that you do not want. However, you do it because you want to believe that you have a nice connection with the boss."

(Continued)

Table 2. (Continued)

Dimension	Barrier group	Barrier	Abbreviation	Example
Service	Humanness	Difficulty of approaching human/emotions first, then results	Lack of approaching human first/lack of assessment of emotions before facts	<p>“One team member was a bit more low-key than usual and they had systematic sick days. As a leader, I needed to bring it up, but I felt nervous. It is not easy because I do not know what will surface. The other person’s reactions worry: Do I come too close? But this time I approached the problem by asking how the person was, listened to them, and only then respectfully brought up the sick days and my remarks about the changes in their posture that I had noticed, still asking (not blaming) whether they themselves had noticed them. Finally, we got to talk about the things that were going on in the employee’s life, naturally affecting work as well. We were then able to start planning how to manage it, together. For me, this was an important positive experience of how to approach difficult conversations by first considering the emotions, and even though it is scary, it is the only right and genuinely productive way.”</p> <p>“The bosses pretend to have doors open to their meetings, but in reality, none of the employees have time in our calendar to participate unless the bosses themselves make time for us to attend. Thus, they excuse themselves and think that everything is all right because we do not participate even though their doors are open, we must not have any questions or worries. The bosses deceive themselves. They do not communicate, and they choose the easy way out, selfishly, ultimately punishing us for their own lack of transparency and communication.”</p>
		Lack of communication and listening	Lack of communication and listening	

(Continued)

Table 2. (Continued)

Dimension	Barrier group	Barrier	Abbreviation	Example
	Social responsibility	Lack of appreciation and enabling progress	Lack of task enabling	"In management and in everything, a certain level of humanity and equality is a prerequisite for people to want to give their best for the common good at work. The leader must nurture and create opportunities for success for people and to cope with their own work, make sure that everyone has the right skill level and that everyone can feel like they belong."
		Forgetting social responsibility and own impact	Lack of responsibility	"I don't see it as impossible to spread compassion to an entire organization, but you have to lead it. From an employee level, it is difficult to affect the prioritization of, say, the use of time or meeting structures. Nothing will come of it."

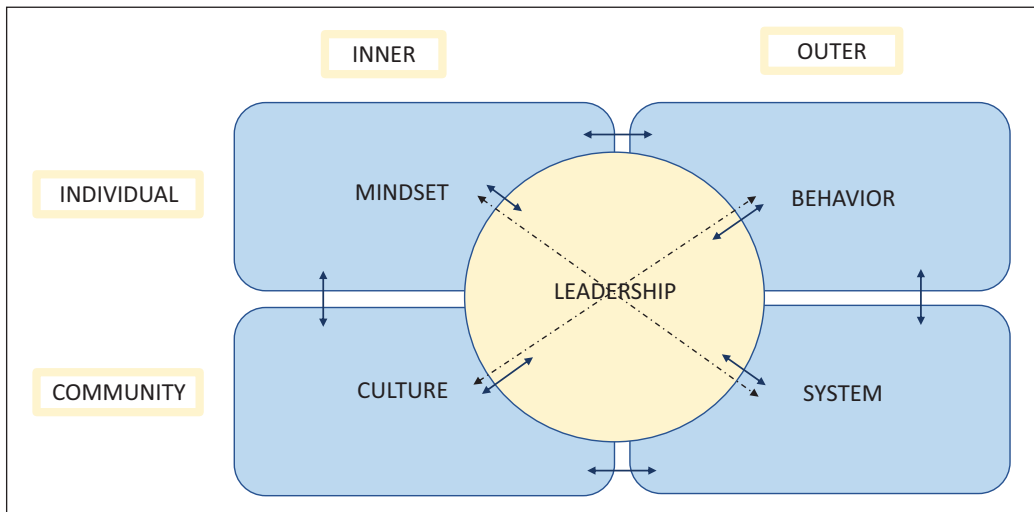


Figure 1. The five dimensions of barriers to compassion in organizations.

Other employees presented similar experiences as one said a barrier to compassion was, “Letting the other person’s irritating characteristic take up so much space in one’s head that one doesn’t even try to assume the other person’s perspective.” Another person noted, “My first thoughts about others were negative. I now realize that I need to aim to think of the reasons for why someone reacts the way they do, and not only of the reactions themselves.”

All in all, the mindset barriers indicate that increased self-knowledge, understanding, and reflection may offer a key to increased compassion and that the workplace should provide space for employees to do such important inner work as part of their work time.

3.2. Behavior: what do I bring into the room with me and my actions?

The second category of individual-level barriers identified by the informants included 12 barriers related to one’s outer world, which are referred to herein as behavior including one’s communications skills, actions, and competences. Based on our analysis, these barriers prevented compassion because behavior was lacking candor, commitment to compassion, openness, or empathy. Lack of candor was manifested as manipulation and inauthenticity, which blocked compassion. An employee described: “You are praised not because you are good (at your job), but to make you work harder and harder and do overtime. You find that feedback is not honest.” Another employee also explained:

Well, if you are terribly excited about something that someone is doing even though that something is completely wrong. They shouldn’t go in that direction. It is not in line with the goals of the organisation. Still, you are like “yeah, yeah, good, good,” unable to give corrective feedback, and might even further encourage them instead.

Lack of commitment to compassion, in turn, manifested itself as lack of consistent repetition, responsibility, choice, commitment, and practice: “It is not like you exercised three times five years ago so you’re good. The same applies to mental training. It is not a one-time thing, but one needs to maintain it all the time.” As one manager said:

Table 3. The 20 strongest barriers to compassion.^{a,b}

	Dimension	Barrier group	Barrier (abbr.)
1	CULTURE	Sense of shared humanity	Lack of social group support
2	LEADERSHIP	Candor and courage	Not having the difficult conversations
3	SYSTEM	Efficiency at the expense of well-being	Excessive workload, stress and bureaucratic stiffness
4	MINDSET	Understanding self	Lack of self-awareness
5	SYSTEM	Efficiency at the expense of well-being	Lack of approaching human first/lack of assessment of emotions before facts
6	CULTURE	Sense of shared humanity	Lack of shared awareness
7	SYSTEM	Investment in and commitment to compassion	Lack of spreading
8	SYSTEM	Candor	Not facing problems
9	BEHAVIOR	Commitment to compassion	Lack of choice and practice
10	CULTURE	Shared courage to connect	Fear of interfering
11	CULTURE	Shared openness	Lack of transparency, communication and listening
12	LEADERSHIP	Candor and courage	Injustice
13	MINDSET	Understanding the other	Prejudices and categorization of people
14	BEHAVIOR	Candor	Manipulation and inauthenticity
15	CULTURE	Shared openness	Lack of acceptance of differences
16	SYSTEM	Appreciation	Lack of appreciation
17	LEADERSHIP	Humanness	Lack of approaching human first/lack of assessment of emotions before facts
18	CULTURE	Shared openness	Lack of appreciative responsiveness
19	CULTURE	Shared courage to connect	Fear of compassion
20	MINDSET	Understanding the other	Difficulty of understanding differences

^aListed in the order of strength, starting from the strongest (= 1).

^bColor coding: Yellow = Strongest, Light yellow = Very strong, White = Strong.

For example, meetings are so easily marked in a certain way, such as passive, boring, or uninteresting, to allow oneself to not carry one's part or responsibility. Then it is very hard to break down one's own behavior and change it, begin to act differently, even though it might be much more fruitful.

Another employee continued:

It is like an athlete going to perform. A person needs to attune and get into the right kind of vibe beforehand. It is possible to approach situations positively, but it feels like people are going from one problem to another instead. Small things would be enough, but the problem is that one forgets. It requires reminding and then committed acting in the small everyday situations.

Furthermore, there is a sense of haste, moving too fast, and stress, and all that challenges commitment to compassion. Someone else characterized it this way:

I thought that it'd be great if I'd personally go and give feedback to at least one person a week . . . but there's just so much work to be done that I at least just don't have the energy, even though it would not take that long or be that hard, but even I would rather just sit by myself and focus on your work than go and try to find the right time and the right way to approach the situation . . .

To conclude, behavior can be changed and thus the behavior barriers tackled, but employees need support, such as example, sense of responsibility, reminding, and time without a sense of haste.

3.3. Culture: do we have permission to raise difficult issues?

On a community level, employees recognized 12 barriers related to an organization's inner world or culture including norms, shared values, and work atmosphere. According to our analysis, these barriers impeded compassion because they impair the sense of shared humanity, courage, openness, or fairness. For example, lack of social group support and encouragement, shared awareness, or psychological safety and shared permission to share emotions inhibit the sense of shared humanity, hampering expressions of compassion. One employee shared: "When there are several people who know what compassion is and why it is important, it more easily becomes part of the everyday worklife but when one is alone with the knowledge, much is forgotten or overlooked." For example, sometimes when an understanding is shared, a simple reminder is enough (to evoke awareness) as one interviewee described: "I have witnessed a few times how someone is irritated and then a colleague comes next to the person and just playfully reminds them: 'Remember the compassion teachings,' and the tension becomes shared humor." Another interviewee continued:

But if someone has courageously tried to bring up an important issue with the consequence that they are excluded from the next project, then everyone senses the fact that expressing oneself or bringing up difficult issues is not worth the risk.

Another employee agreed: "It is not possible to be compassionate or co-passionate (co-joyous) after that."

Shared courage to connect, on the other hand, is hindered by a fear of compassion and the difficulty of approaching someone and paying attention to the emotions before the facts or human well-being before the results: An interviewee reported: "There is uncertainty in work life . . . and the fear of being marked as weak if in need of help. If I let people know now that I cannot do something, then what will happen to me in the next layoffs?" Another said:

It was an insane insight for me. I realized the mechanism. That here are the facts and here are the emotions that people feel (about the facts), and people are guided by their emotions before the facts. Still, we often bring up the facts, argue with the facts, even though we should first listen to how people feel about the facts if we want them to follow them.

Shared openness and fairness, in turn, are inhibited by a lack of communication and listening, acceptance of differences in opinions and ways of experiencing things, appreciative responsiveness, play, and injustice. Consequently, the interviewees portrayed what is needed as: "consistent communication and presence"; "feeling that it is okay or accepted by everyone to disagree and speak up without the pressure to adjust one's own opinions according to the mainstream"; "others going along or at least developing it further rather than putting it down or being dismissive when someone presents an idea, even if it does not seem that smart." Another said that it would be good if there was a chance to "stop and be playful or inject humor which would allow everyone to reset the situation and see things in a new way" and "treat everyone's professionalism and competences as equally important not despite them being different but because they are different."

The barriers of culture are upheld and can thus also be battled by tackling the barriers of other dimensions and by sharing and talking about compassion together to increase the collective sense of shared humanity.

3.4. System: where do the structures and daily practices direct shared energy and effort?

The second category of community-level barriers identified by the informants included 12 barriers related to an organization's outer world or system including the structures, measures, and processes of the organization. Based on this analysis, these barriers impede compassion because they direct employees' energy and efforts toward efficiency at the expense of well-being or fail to direct it (shared energy and efforts) sufficiently toward practices in support of consistent investing in compassion, candor, or genuine appreciation of everyone's differing efforts. Efficiency over well-being was manifested as excessive workload, stress, bureaucratic stiffness, and insufficient or unjust use of resources, as well as a lack of room for communication and free discussions. An observant employed noted: "We've lost half of the people in the past four years, while the workload has stayed the same." Another added: "So one becomes extremely bitter if there is a desire to do something, but there is no time or resource to do it." A third interviewee pondered: "Do we just go forward, try running a bit faster at the expense of stopping and giving time, room, and openness to new ideas. Compassion requires room and autonomy. Everything cannot be predetermined, dictated, or tightly agreed." Another noted: "Say layoffs, I would have liked us to have a forum where everyone who stayed behind could have met up to discuss it." Another added:

Overall, even though we work and sit in the meetings together, we do not have space or organised meetups to talk about compassion or related topics in a way that would help us to genuinely connect to each other. We only talk about work stuff.

Furthermore, genuine appreciation of everyone's differing efforts is hindered by feelings of distrust, lack of acceptance of differences, and unjust rewards as expressed by one interviewee:

We might get a notification that from tomorrow onwards everyone does this and that, but when one asks, no one has tested whether it is in fact possible in practice, whether there is time and resources. You can't trust the bosses to have a clue about what the employees' work actually is and requires.

Another interviewee added that compassion is blocked because people do not know enough about each other and their work, and it becomes more difficult to accept differences: "We have worked in different roles before (with my colleague). When I went into their territory, the blinkers were off: I saw their job in a different light and my appreciation for them increased." In addition, collective compassion is dampened according to the interviewees because: "People are not praised for their efforts equally. Some jobs are naturally more visible, and some employees are easier to give feedback to, but everyone deserves an equal chance to be seen in a good light."

The system barriers have a strong impact on compassion in organization, and they should be battled by implementing space and looseness to the everyday, including meetings and role expectations, and by directing rewarding accordingly, in order to allow compassionate connecting to take place between people.

3.5. Leadership: are you sincerely invested in my well-being and willing to help me grow?

At the intersection of individual and community levels, the informants identified eight barriers related to an individual's inner and outer worlds regarding leadership including the leader's personal example and organizational impact. According to our analysis, these barriers inhibited

compassion because leadership was lacking candor, humanness, service, and social responsibility. For example, a lack of candor manifested itself as not having the difficult conversations, injustice, unclear communication, and different forms of abuse of compassion such as manipulation or inauthenticity. An interviewee shared an experience of such a lapse “Even after layoffs, we were left alone with the experience. I wished my supervisor would have shown compassion and understanding, or some candor to face the issue and our experiences.” Another added: “Leaders gather their own supporters around them, whom they protect and who protect them. Then the rest of us standing in the line have no chance to influence anything; we just need to shut up and work.” Finally, another noted:

It would be easier to fight for issues if we were clearly told what it is we are aiming to achieve. The obscurity and lack of clarity in communication is beyond bearing . . . It makes you feel unsafe. For example, when an employee asked for the work schedules for the next three weeks, they could not be given because we have layoffs during the next three weeks.

Another interviewee reminded the researchers of their plight:

Usually we all want to be heard, so naturally you feel good when your boss asks you how you are doing, but when it is not sincere, the next thing you know is that they force a job on you that you do not want. However, you do it because you want to believe that you have a nice connection with the boss.

Lack of candor was not the only issue, as lack of service, for example, manifested as a lack of communication and listening, appreciation and task enabling, and prevented compassion. For instance, an interviewee explained,

The bosses pretend to have doors open to their meetings, but in reality, none of the employees have time in our calendar to participate unless the bosses themselves make time for us to attend. Thus, they excuse themselves and think that everything is all right because we do not participate even though their doors are open, we must not have any questions or worries. The bosses deceive themselves. They do not communicate, and they choose the easy way out, selfishly, ultimately punishing us for their own lack of transparency and communication.

All in all, the leadership barriers of compassion can make employees feel alone and frustrated and could be battled by increased sense of responsibility in terms of creating an emotional-level experience of being heard, cared for, and treated fairly by communicating and listening more and better.

3.5. Barrier bundles within dimensions: do we see the complexity of the barriers?

Further analysis revealed that many of the barriers interacted with each other both within and across dimensions; some did so more strongly than others. Accordingly, we elaborate some representative examples of such interrelations of the barriers. Figure 2 provides an illustration of these examples, and Tables 4 and 5 provide the entire list of the interrelations of different barriers as well as the list of those barriers that are most likely to create repeated interrelations to other barriers, referred to as determining barriers. For example, within the mindset dimension, the interconnectiveness of the barriers meant that if the barrier of lack of awareness was active, then four other barriers were likely to be active as well: (1) lack of ability to assess bad behavior and interpret generously; (2) personal prejudices, lack of prior experiences, and categorization of people; (3) lack of ability or choice to see possibilities; and (4) lack of curiosity to try new ideas and be

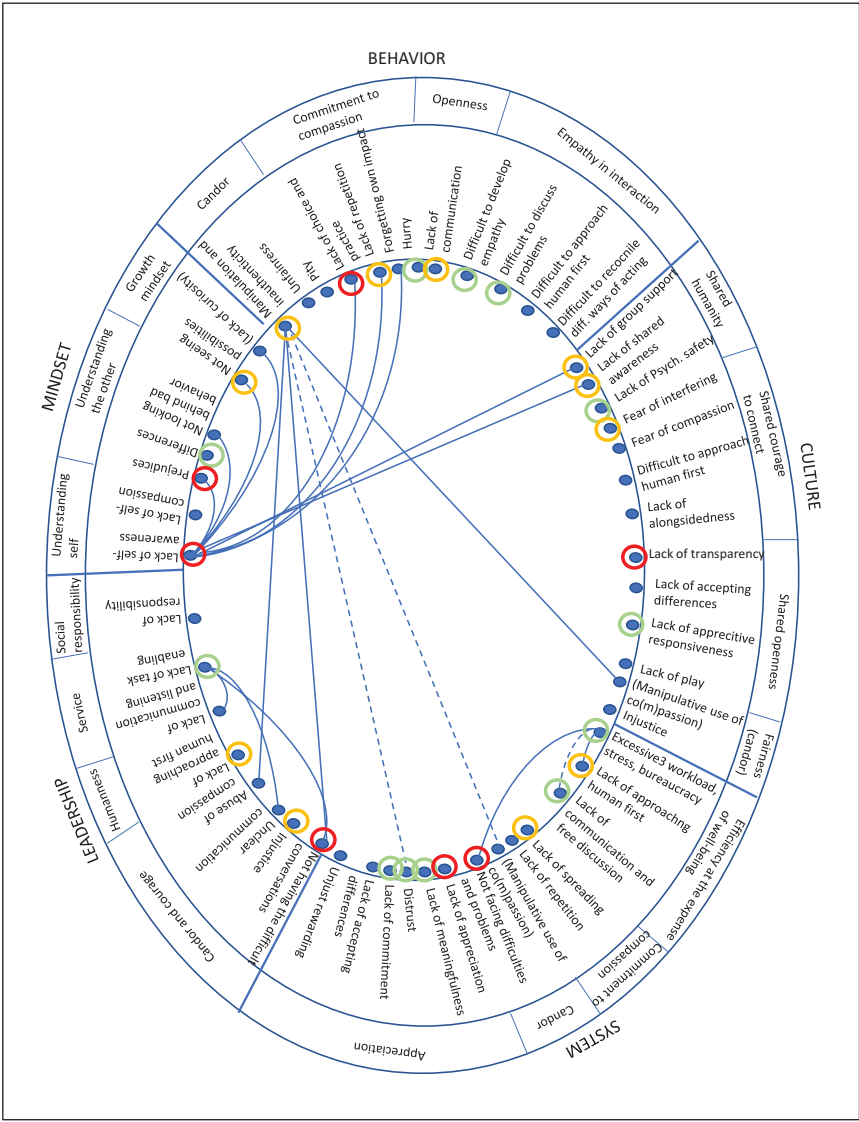


Figure 2. Examples of the interrelations of the barriers both within and across dimensions. Color coding for determining barriers: Green = within dimension; Yellow = across dimensions; Red = both within and across.

open-minded. Interestingly, this did not mean that these five barriers were necessarily always active simultaneously, but instead they were more likely to be bundled when the barrier of lack of awareness was active. This is why the lack of awareness barrier is called a *determining barrier*; it was more likely to create the bundle, unlike the other barriers in the bundle. In other words, when the barrier of lack of awareness was present, the other barriers constituting the bundle were present as well. However, without the determining barrier (in this case, lack of awareness), the other barriers were not necessarily active simultaneously or interlinked with each other.

Similarly, within the system dimension, the determining barrier of excessive workload, stress, bureaucratic rigidity, and insufficient or unjust use of resources often anticipated the presence of three other barriers of omission: (1) lack of assessment of emotions before facts, (2) lack of facing problems, (3) lack of room for communication and free discussion. Furthermore, within the leadership dimension, if the interviewees experienced lack of appreciation and task enabling (the determining barrier), they were likely to experience three other barriers as well: (1) unclear communication, (2) avoidance of difficult conversations, and (3) lack of communication and listening.

3.6. Multi-dimensional barriers: how does the system mold people's behavior?

The analysis also highlighted that many of the barriers interacted with each other not only within but also across dimensions, again some more strongly than others (see the whole list in Tables 4 and 5). In other words, the barriers were often multi-dimensional in nature. For example, the mindset barrier of a lack of awareness (determining barrier) was often identified in connection with three behavioral barriers and two cultural barriers. The behavioral barriers included (1) lack of choice, commitment, and practice; (2) forgetting social responsibility and own impact; and (3) lack of consistent repetition. The two cultural barriers were (1) lack of social group support and encouragement, including a shared acceptance of emotions and compassion, and (2) lack of shared awareness and responsibility for everyone's behavioral impact. An illustration of these barrier connections is described in Table 6.

The multi-dimensional barrier depicted in Table 6 tells a story: when a person lacks awareness, they are also more likely to lack choice and practice, responsibility for their own impact, and consistent repetition in terms of compassionate behavior. Similarly, the culture is more likely to lack group support and a shared awareness of personal responsibility. This is understandable as each of the three behavioral barriers is about committed behavior, and awareness could be understood as a prerequisite for committed, considered actions, which often require choosing courage over comfort.

Similarly, the explanation for the link between individual awareness and a cultural sense of group support and shared awareness could be that the cultural-level experience is built through individual-level example. If people lack personal awareness, that quality is often reflected in the culture as well. Moreover, a sense of group support and shared awareness are both linked to individual-level awareness probably because an experience of lacking group support is unlikely to enable shared awareness, which requires curiosity and courage to approach situations with an open mind, which are more likely to be enabled with positive emotions and a sense of support and encouragement, not lack of it. Furthermore, a lack of shared awareness is likely to block a sense of group support, as support means that there is a problem or a need to which support is given. Without awareness, problems and needs are not transparent, and without recognition of problems and needs, there is likely to be less or no support or encouragement.

Similarly, if the behavioral barrier of compassion abuse, manipulation, inauthenticity, and a lack of candor (determining barrier) was active, then similar barriers were also often active in three other dimensions: (1) leadership (abuse of compassion such as manipulation and inauthenticity; avoidance of difficult conversations), (2) culture (manipulative use of co(m)passion), and (3) system (manipulative use of co(m)passion; distrust). Again, the barriers were not equally interconnected but dependent on the determining barrier. Moreover, these interrelations tell a story as well:

Table 4. The barrier interrelations within dimensions.

Dimension of barriers	Barriers to which the determining barrier is linked ^c				
MINDSET	Determining barrier ^{a,b}	Difficulty of looking behind bad behavior	Prejudices, lack of experience and categorization of people	Lack of seeing possibilities	Lack of curiosity and open-mindedness (Lack of seeing possibilities)
	Difficulty of understanding differences	Difficulty of looking behind bad behavior	Prejudices, lack of experience, and categorization of people	(Lack of self-awareness)	
	Prejudices, lack of experience and categorization of people	Difficulty of understanding differences	Difficulty of looking behind bad behavior	Lack of seeing possibilities	Lack of shared identity
	Lack of choice, commitment, and practice	Lack of consistent repetition	Difficulty of developing empathy or behavior	(Forgetting own impact)	
BEHAVIOR	Hurry	Lack of best practices (readily made concrete tools/examples from others) ^a		^a The barrier was not included in the 50 most common barriers (Table 2), but it was relevant in terms of its link to Hurry.	
	Difficulty of discussing problems	Difficulty of human-first approach	Forgetting own impact		
	Negative emotions, thoughts, and actions are contagious ^a	Forgetting own impact			
	Difficulty of developing empathy or behavior	Lack of choice, commitment, and practice		^a The barrier was not included in the 50 most common barriers (Table 2), but it was relevant in terms of its link to Forgetting own impact.	

(Continued)

Table 4. (Continued)

Dimension of barriers		Barriers to which the determining barrier is linked ^c			
CULTURE	Determining barrier ^{a,b}	Barriers to which the determining barrier is linked ^c			
		Lack of acceptance of differences	Difficulty of approaching human first	(Injustice)	(Lack of social group support) (Lack of psychological safety and shared permission)
SYSTEM	Lack of appreciative responsiveness	Lack of shared awareness	Lack of social group support	(Lack of psychological safety and shared permission)	
	Lack of transparency, communication, and listening	Lack of transparency, communication, and listening	Lack of social group support	(Lack of appreciative responsiveness)	(Lack of acceptance of differences)
	Lack of psychological safety and shared permission	Lack of approaching human first	Not facing problems	(Lack of communication and free discussions)	
	Excessive workload, stress, insufficient resources, and bureaucratic stiffness	Excessive workload, stress, insufficient resources, and bureaucratic stiffness			
	Lack of communication and free discussions	Excessive workload, stress, insufficient resources, and bureaucratic stiffness			
LEADERSHIP	Not facing problems	Excessive workload, stress, insufficient resources, and bureaucratic stiffness			
	Lack of appreciation	Lack of approaching human first	Lack of commitment	Unjust rewarding	Lack of meaningfulness (Distrust)
	Distrust	Lack of appreciation	Lack of commitment	(Lack of appreciation)	
	Lack of meaningfulness	Lack of commitment	Lack of approaching human first	Lack of appreciation	Unjust rewarding (Distrust)
	Lack of commitment	Lack of meaningfulness	Lack of approaching human first	Lack of communication and listening	
	Lack of task enabling	Unclear communication	Not having the difficult conversations	Abuse of compassion	(Lack of task enabling)
	Not having the difficult conversations	Lack of communication and listening	Unclear communication		

Table 5. The barrier interrelations across dimensions.

Dimension of determining barrier		Barriers to which the determining barrier is linked ^a						
Determining barrier	Barriers to which the determining barrier is linked ^a							
MINDSET	Lack of self-awareness	B: Lack of choice, commitment, and practice	B: Forgetting own impact	C: Lack of social group support	C: Lack of shared awareness	B: Lack of consistent repetition	M: Difficulty of looking behind bad behavior	(M: Lack of seeing possibilities)
	Lack of seeing possibilities	C: Lack of acceptance of differences	M: Lack of self-awareness	M: Prejudices, lack of experience and categorization of people	C: Lack of appreciative responsiveness	S: Lack of acceptance of differences		(B: Too many alternative ways of acting)
	Prejudices, lack of experience, and categorization of people	C: Lack of acceptance of differences	M: Difficulty of understanding differences	M: Difficulty of looking behind bad behavior	C: Lack of appreciative responsiveness	S: Lack of acceptance of differences	(M: Lack of seeing possibilities)	
BEHAVIOR	Manipulation and inauthenticity	L: Abuse of compassion	C: Manipulative use of co(m) passion	L: Not having the difficult conversations	(S: Manipulative use of co(m) passion) ^a	(S: Distrust)		
	Lack of choice, commitment and practice	M: Lack of self-awareness	B: Lack of consistent repetition	S: Lack of repetition	C: Lack of shared awareness	B: Difficulty of developing empathy or behavior	C: Lack of social group support	
	Lack of consistent repetition	S: Lack of repetition	B: Lack of choice, commitment and practice	C: Lack of shared awareness	C: Lack of social group support	(M: Lack of self-awareness)		
CULTURE	Lack of communication	C: Lack of social group support	C: Lack of transparency, communication and listening	S: Lack of communication and free discussions	(C: Lack of shared awareness)	(C: Lack of psychological safety and shared permission)		
	Lack of social group support	C: Lack of shared awareness	B: Lack of communication	C: Lack of transparency, communication, and listening	S: Lack of repetition	(C: Lack of psychological safety and shared permission)	(C: Lack of alongsidedness)	(B: Lack of consistent repetition)
	Lack of shared awareness	C: Lack of social group support	S: Lack of spreading	S: Lack of repetition	B: Lack of consistent repetition	C: Lack of transparency, communication, and listening		
	Fear of interfering	L: Not having the difficult conversations	S: Not facing problems	B: Difficulty of discussing problems	(L: Abuse of compassion)	(S: Distrust)		
	Lack of transparency, communication, and listening	C: Lack of social group support	S: Lack of communication and free discussions	B: Lack of communication	(C: Lack of shared awareness)	(C: Lack of psychological safety and shared permission)	(S: Not facing problems)	

(Continued)

^aThe barrier wasn't incl. in the 50 most common barriers (Table 2), but it was relevant in terms of its link to manipulation and inauthenticity (B)

Table 5. (Continued)

Dimension of determining barrier	Barriers to which the determining barrier is linked ^d						
SYSTEM	Lack of approaching human first	L: Lack of approaching human first	C: Difficulty of approaching human first	S: Lack of appreciation	S: Lack of commitment	(S: Lack of meaningfulness)	(S: Excessive workload, stress, insufficient resources and bureaucratic stiffness)
	Lack of spreading	C: Lack of shared awareness	C: Lack of social group support	S: Lack of repetition	(S: Lack of awareness)	(S: Lack of change-makers)	
	Not facing problems	L: Not having the difficult conversations	C: Fear of interfering	(S: Excessive workload, stress, insufficient resources, and bureaucratic stiffness)			
	Lack of appreciation	S: Lack of approaching human first	L: Lack of approaching human first	S: Lack of commitment	L: Unclear communication	(S: Unjust rewarding)	
LEADERSHIP	Not having the difficult conversations	S: Not facing problems	C: Fear of interfering	B: Difficulty of discussing problems	L: Lack of communication and listening	B: Manipulation and inauthenticity	(S: Excessive workload, stress, insufficient resources, and bureaucratic stiffness)
	Injustice	S: Distrust	C: Injustice	(C: Fear of compassion)	(S: Lack of appreciation)	(C: Fear of interfering)	
	Lack of approaching human first	S: Lack of approaching human first	C: Difficulty of approaching human first	S: Lack of appreciation	(S: Lack of commitment)	(B: Difficulty of human first approach)	(S: Lack of meaningfulness)
						(C: Lack of psychological safety and shared permission)	

^aThe barrier that is more likely to create the bundle of the interlinked barriers.

^bColor of the cell indicates the strength of the determining barrier: Yellow = Strongest, Light yellow = Very strong, White = Strong

^cLinked barriers listed in the order of strength of the linkage

^dM = mindset, B = behavior, C = culture, S = system, L = leadership.

Table 6. Illustration of the identification of barrier bundles.

Illustration of the identification of barrier interconnections		
Data comment	Piece of data from the comment	Derived barrier
<i>"It is easy to forget. If you don't practice and consciously think about it, you forget it. Life goes on without having to think about it very much. So if you really want to be aware of something you have to practice it."</i>	<i>"Consciously think about it"</i>	Lack of awareness
	<i>"Really want to be aware of something"</i>	
	<i>"If you don't practice—you forget it"</i>	Lack of choice, commitment and practice
	<i>"You have to practice it"</i>	
<i>"As a community, we need to be aware and determined that we don't want to be too negative, but something else. Then it's easier (for the individual) to remember that I'm committed to acting responsibly, even if I'm having a bad day. That I don't go to a meeting to dump my bad feelings on someone else. To force my responsibility onto someone else. I remember that I am committed to making it possible to feel good at work."</i>	<i>"Then it's easier (for the individual) to remember"</i>	Lack of awareness
	<i>"I remember that I am"</i>	
	<i>"To remember that I'm committed"</i>	Lack of choice, commitment, and practice
	<i>"I remember that I am committed to making it possible to feel good at work"</i>	
	<i>"To acting responsibly, even if I'm having a bad day"</i>	Forgetting social responsibility and own impact
	<i>"I don't go to a meeting to dump my bad feelings on someone else. To force my responsibility onto someone else"</i>	
	<i>"As a community, we need to be aware and determined that we don't want to be too negative, but something else"</i>	Lack of shared awareness

manipulation, compassion abuse, and a lack of candor are a systemic problem. Whenever people behave that way, it is likely that leadership, culture, and the structures of the system support or allow it rather than address it.

3.7. Key barriers: identifying the potentially most impactful barriers

Finally, we wanted to identify the strongest barriers among the determining barriers. These were the barriers that were not only the strongest in terms of frequency of appearance but also the most interconnected and, thus, potentially having most impact on other barriers too and on compassion across the organization. The key determining barriers identified included (1) not having the difficult conversation (leadership); (2) not facing problems (system); (3) lack of self-awareness (mindset); (4) lack of shared awareness (culture); and (5) lack of social group support (culture). They were among the strongest eight barriers to compassion in organizations (see Table 3). Moreover, the first three were the strongest determining barriers both within and across dimensions. In other words, the first three were the only determining barriers among the strongest eight barriers (Table 3) that were identified as determining barriers both within and across dimensions (Tables 4 and 5). The last two, in turn, were the strongest determining barriers only across dimensions, but in addition to that, both represented something else interesting. Namely, the cultural barrier of lack of shared awareness seems to operate in a similar kind of way on the community level as the above-mentioned mindset barrier of lack of self-awareness does on the individual level, making it a

noteworthy determining barrier in support of battling the key barriers to compassion in an organization (Tables 4 and 5). The cultural barrier of lack of social group support, in turn, was the strongest barrier of all barriers identified in this study.

These five key barriers depict, first, that not having the difficult conversations is a critical focus point for battling the barriers to compassion, and that it is linked to an organization-wide capability to face problems and to overall leadership capability of practicing sufficient and clear communication (see Tables 4 and 5). Second, not facing problems is not only a leadership issue but a structural issue of the system, and they feed into each other, blocking compassion. That is, lack of system-level support for facing problems is interlinked with leadership barrier of not having difficult conversations as well as cultural-level barrier of fear of interfering (see Tables 4 and 5). Third, supporting employees' increased awareness is another critical task of managers wanting to awaken compassion in organizations. As can be seen in Tables 4 and 5, individual-level self-awareness is interlinked with behavioral barriers concerning one's sense of agency and responsibility, such as, lack of choice and committed practice, forgetting own impact, and lack of consistent repetition. In other words, managers' support for self-awareness might increase employees' sense of agency in terms of increasing compassion. Similarly, it may have positive impact on other mindset barriers, regarding ways of interpreting, prejudices, and open-mindedness (see Tables 4 and 5). Fourth, a parallel positive impact could take place on collective level regarding the fourth key barrier of shared awareness: supporting shared awareness could lead to positive changes in interlinked barriers, such as, system-level lack of spreading as well as lack of repetition on both system and behavioral levels. Such consistent spreading and repetition of compassionate behavior are the backbone of building and maintaining a compassionate culture. They also help battle the last key barrier of lack of social group support (see Tables 4 and 5). Fifth, the cultural barrier of lack of social group support is an important focus point for battling the barriers to compassion, and as Tables 4 and 5 suggest, it can be battled for example through other determining barriers such as increased communication and transparency, as well as through above-mentioned shared awareness and constant spreading and repetition of compassionate behavior and system-wide support.

Finally, the list of the 20 strongest barriers tells another interesting point (see Table 3). Namely, most of the strongest barriers were found in the dimensions of culture and system (60%), that is, on community level, not in leadership or individual level. In other words, the environment we operate in has the strongest effect on the levels of compassion at work in terms of barriers. Compassion at work is thus particularly a skill of the community, perhaps even more strongly so than that of individuals.

4. Discussion

In this study, we explored the barriers to compassion in a variety of organizations of different fields, and based on our analysis, we found a list of barriers and five organizational dimensions where they could be present: mindset, behavior, culture, system, and leadership. These dimensions tell whether the barrier is individual (mindset, behavior) or communal (culture, system) and internal (mindset, culture) or external (behavior, system), or all of them (leadership). This framework of five dimensions of barriers and the individual barriers identified within each dimension present the first contribution of the present article.

However, in addition to answering the previously quite narrowly studied question of what factors prevent compassion in organizations, our results tell an interesting story about why the barriers might be difficult to untangle due to their interrelated nature. Thus, highlighting the various interconnections between different barriers within and across the five dimensions and how they feed into each other is the second contribution of the present article. The interrelated nature of various

barriers explains why it might be difficult but also possible for managers to increase compassion at work through addressing the barriers to it. Understanding the interrelations provides a roadmap to more effectively and comprehensively addressing a specific barrier.

Furthermore, data on the strength of the individual barriers and their interrelations to other barriers enabled the identification of five key barriers that managers should pay attention to when battling barriers to compassion in organizations: (1) not having the difficult conversation (leadership); (2) not facing problems (system); (3) lack of self-awareness (mindset); (4) lack of shared awareness (culture); and (5) lack of social group support (culture). Overall, barrier-wise, community-level dimensions of culture and system were recognized among the five dimensions as having most influence on the levels of compassion at work, highlighting the importance of the shared environment in which we work in. Identification of these key barriers is the third general-level contribution of this study. Next, we discuss the interconnected and systemic nature of the barriers and elaborate on the idea of systems intelligence as the key perspective to addressing the barriers to compassion in organizations.

4.1. How managers can use systems intelligence to deal with barriers to compassion

As noted by Vogus et al. (2021), compassion is often seen as an individual effort rather than a more systemic response to suffering in organizations and cannot match the scale of the problem as a result. Considering the findings of this article, not only the scale but also the complexity of the problem is missed without tackling it with a more holistic systems management approach.

Such an approach to managing barriers necessitates systems intelligence. Systems intelligence refers to intelligent action that engages with situations and contexts considered as interactional entities with subtle systemic feedback mechanisms (Hämäläinen and Saarinen, 2008). As humans, we are always embedded within various systems in which we need to identify the best ways to reach our goals. To accomplish this, humans are considered to have an instinctive, action-oriented, adaptive, holistic, and relational ability to connect with these complex feedback mechanisms (Hämäläinen and Saarinen, 2008; Pessi, 2010; Saarinen and Hämäläinen, 2004). Our view is that systems intelligence allows unifying the different levels of organizational life—or the five dimensions of organizational compassion barriers—into dialogue: the organizations as systems that need to be considered and individual employees within these organizations who cannot be ignored. Perceiving the barriers to compassion as a systemic phenomenon may help to identify the leverage points within the system that can be positively impacted by management, giving birth to positive feedback cycles.

According to our findings, four factors explain the need for systems intelligent management in battling the barriers to compassion in organizations for such intelligent positive cycle to take place. First, the fact that barriers are found in five different organizational dimensions adds to the complexity of battling the barriers. Since these dimensions are not isolated, but rather always at interplay, a holistic and active systems understanding and interest in what unfolds is needed because of any little improvement or change regarding any of the barriers in any of the dimensions.

Second, part of the barriers was found to be rooted in individual ways of thinking, believing, viewing, and feeling about the world and other people, as well as in shared norms and beliefs about how to feel, think, believe, and act in the organization. In other words, part of the barriers was found to concern the internal life of an individual or an organization, which is less visible and less concrete often even to the individual or the organization itself, adding to the complexity of managing the barriers, or the need to affect internal barriers through impacting the barriers of outer dimensions.

Third, in addition to each barrier, interacting with different situations and contexts in an organization, the barriers were found to often collect in bundles. That is, within one dimension, a barrier interacts on its own with other entities in an organization such as other barriers, other individuals or teams, but also as a part of a barrier bundle, adding to the complexity of the systemic interaction of the barriers.

Fourth, at the same time, the barriers were also found to form bundles with other barriers across dimensions, making them simultaneously interactive parts of the wholeness of an organization as a single barrier, as a multi-barrier within a dimension, and a multi-dimensional barrier. In other words, the barrier bundles form a barrier of their own, and the barriers in themselves were uncovered systemic, interactional, and complex—a novel finding of this study. Treating any of the barriers as an isolated entity, in this light, could form a barrier to compassion. On the contrary, understanding the systemic interrelations of the barriers could make the battling of the barriers to compassion more systems intelligent.

Our view is that to battle such systemic barriers, individuals and communities need systems intelligent collective action, based on dialogue, and shared will and ability to see and acknowledge the barriers and their systemic nature. Often, in the few existing studies on barriers to compassion at work, one of the barrier categories has been shown to be relational barriers (e.g. Singh et al., 2018). From the point of view of systems intelligence, this categorization is questionable, as the very nature of all barriers is that they are interactional; impacting and being continually impacted by all interactions in an organization and manifesting in moments of interaction.

We think of systems intelligence as a competence and a mindset of understanding the impacts and entanglement of the barriers as well as their manifestation better and believing in possibilities for growth and greatness. Looking at the barriers from a systems intelligent perspective highlights responsibility, potential, negative and positive cycle, experientiality, and an awareness of the interrelations of the impacts. Managers need to consider that as individuals, each employee impacts the whole of the organization, and the organization impacts each individual employee. As Saarinen and Hämäläinen (2010) note (p. 22):

From the point of view of systems intelligence, an adequate representation of a system is only the beginning, and the lively challenge lies ahead, calling for personal involvement. There cannot be systems intelligence with respect to systems without intelligent actions supported by personal responsibility as the backbone of those actions.

By acknowledging the barriers as systemic, compassion can move from an individual to collective process, as the elements of compassion—noticing, sense-making, feeling, and responding—may become legitimated and lived through not only by individuals' values, practices, and routines but also of those widely shared by the organizational members (Dutton et al., 2006, 2014; Kanov et al., 2004; Nolan et al., 2022).

4.2. Identifying the leverage points within the system—implications for industry and practitioners

As parts of the interactive collective environments, we cannot wisely manage something that we do not see or acknowledge. In practice, when the barriers are not recognized and their systemic interrelations not understood, they are easy to ignore, and the aims to battle the barriers can become frustrating or, worse, be omitted too soon when the positive results are not immediately visible. By contrast, with a systems intelligent awareness, highlighting the identified key barriers of individuals' self-awareness and cultural shared awareness, it is easier to consistently commit to the work of

battling the barriers despite not seeing immediate, concrete results. It is easier to imagine the positive change that exists beneath the surface. It is also easier to commit to courage even in the face of uncertainty (Kanov et al., 2017) and to assume personal responsibility for impacts on the collective system. What we are aware of, we can understand. What we understand, we can change. On a positive note, because of the inevitable interconnectedness and on-going systemic feedback mechanisms, even the small positive changes in the management of the barriers may lead to greater impacts than first expected or witnessed. In fact, the outcome might be significantly larger and different depending on minimal changes in the initial conditions (Lorenz, 1963). Such systems intelligent individual courage and responsibility, based on self-awareness and commitment, is the first practical recommendation for managers. One way of awakening such sense of agency based on increased self-awareness is by teaching mindfulness to employees (Ahlvik, 2019). Also, it could be wise to participate in training in emotional skills, which are profound tools for self-knowledge and awareness, which have been linked to increased compassion among managers (Paakkanen et al., 2021).

Second takeaway for practitioners is to invest in collectively learning more about, having dialogue, and designing or participating in training in the management of compassion and, in particular, in learning how to more actively have difficult conversations and support it with leadership and as a community. Namely, compassion is inherently about facing pain instead of avoiding it (Makransky, 2012). Our brains, in turn, are wired to avoid pain and any kind of threat (Gilbert, 2020). Thus, it is understandable that not having the difficult conversations rose from the data as one of the key barriers to compassion on both leadership and community levels. Having hard conversations is not easy for anyone, but it is a skill that can be learned by anyone. Furthermore, from emotion research, we know that when negative emotions become accepted and faced rather than repressed, their energy is released (Ford et al., 2018), paving way for psychological health benefits, positive emotions, and other resources such as creativity and better cognitive capabilities (Fredrickson, 2004; Fredrickson et al., 2008). Same sort of positive impact may take place on an organizational level for example with managers creating structures such as rewarding systems that encourage facing problems instead of avoiding them. As an important byproduct, the system barrier of sense of excessive workload, stress, and insufficiency of resources may be affected positively, as it is interlinked with the system barrier of not facing problems.

Third takeaway for practitioners, in the light of the findings of this study, is to pay special attention to the community-level barrier dimensions of culture and system to make sure, especially, that the sense of social group support for practicing compassion is shared and in place, as lack of such social group support was identified as one of the key barriers to compassion. That is, creating a culture where employees feel a sense of shared humanity and a genuine permission and continuous encouragement to invest their time and energy in compassion seems critical. Interestingly, in prior research on self-compassion, the dimension of shared humanity has been suggested as the most critical takeaway and component in the aim of increasing compassion (Neff, 2011). It has also been tested to promote compassion among healthcare workers (Ling et al., 2021). Similarly, in this study, the sense of shared humanity in the form of social group support was recognized as potentially one of the most important leverage points to increase compassion through battling the barriers to it. This further resonates with the pivotal role that social norms are known to play in guiding or constraining people's behavior (Cialdini and Trost, 1998)—also at work. Thus, in terms of battling the barriers to compassion in organizations, the existing literature on the antecedents of work life social norms, such as system-level rewarding (e.g. Balliet et al., 2011; Chen, 2012) and behavior-level social inclusion

(Whitson et al., 2015), could give further answers to how to battle the barrier of lack of social group support in terms of increasing compassion. In other words, for example, managers should make sure that the reward systems support employees' efforts to invest time and energy in compassion at work.

Overall, an important takeaway for practitioners is thus the identification of the five key barriers, as they provide potentially the most leverage point to change the system. Similarly, the identified framework of the five dimensions of the barriers (Figure 1) and the interconnections of the barriers within and across those dimensions outlined in Tables 4 and 5 provide practitioners an additional blueprint of solving the puzzle of the systemic barriers to compassion in organizations.

5. Limitations and future research

While this empirical investigation contributes to the understanding of what prevents compassion in organizations and explains the systemic challenges and opportunities of battling them, there are limitations as well. First, the fact that the informants were from organizations that had been exposed to teachings of compassion 1 year before could present a limitation in terms of the generalizability of the findings. However, we believe that this is not a significant problem, as only approximately half of the sample had been exposed to the compassion trainings, while the other part of the sample had not; thus, having a fresher view on compassion. Moreover, during the analysis process, we did not observe any significant differences between these two groups, as all informants discussed same types of issues. The informants of groups that had participated the training before were not intermixed with groups that had not participated the training, so no group conformity during the interviews occurred between the two groups either.

Second, while the participants came from different industries, all organizations were from the same country, Finland. Still, given that the organizations where interviews were conducted were quite different, it is good to emphasize that we do not claim that all organizations would face the same barriers. Furthermore, some other types of organizations we did not survey could face additional types of barriers not identified by the present study. In future research, the conceptual model of the barriers to compassion created in this study should be replicated and further tested in other organizations and in other cultures.

Third, we relied on thematic focus-group interviews. Such group setting could be intimidating for a person, who does not want to reveal their thoughts in front of others. Also, some focus groups were smaller, and some a bit larger, which may have impacted their dynamics and how much time each participant had to discuss matters. In addition, others' responses might influence the other informants' responses and further direct the ensuing discussion. Still, the interviewer aimed to create a safe environment in which anyone could voice a concern. For example, they went through the protocol for the interview before beginning the discussions and carefully observed any possible dysfunctions in the group dynamics. Also, participation in the interviews was voluntary. Importantly, we also provided an opportunity for anyone to continue the interview privately by booking a private interview, but none of the participants needed that option. Still, future research could utilize other methods and individual interviews to further shed light on the various barriers to compassion.

6. Conclusion

In any given context and moment, everyone lives in connection to others and impacts each other through even the smallest of actions, creating shared collective environments, such as work

cultures, in which we live in and which further shape our individual lives and perceptions of the world around us. By identifying and highlighting the various barriers preventing people from acting more compassionately, this article aims to help managers and employees in diverse organizational contexts to support and realize more compassionate ways of interacting with each other.

Acknowledgements

The authors would like to thank the editors and anonymous reviewers for their insightful comments and directions which helped improve the paper.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The authors gratefully acknowledge The Emil Aaltonen Foundation and The Marcus Wallenberg Foundation for funding of this research.

ORCID iD

Miia Paakkanen  <https://orcid.org/0000-0001-5761-1935>

References

- Ahlvik C (2019) *The power of awareness: Unlocking the potential of mindfulness in organizations*. Doctoral Thesis, Hanken School of Economics, Helsinki.
- Ashforth BE and Humphrey RH (1995) Emotion in the workplace: A reappraisal. *Human Relations* 48: 97–125.
- Ashkanasy NM and Dorris AD (2017) Emotions in the workplace. *Annual Review of Organizational Psychology and Organizational Behavior* 4: 67–90.
- Balliet D, Mulder LB and Van Lange PA (2011) Reward, punishment, and cooperation: A meta-analysis. *Psychological Bulletin* 137: 594.
- Bansal P, Smith WK and Vaara E (2018) New ways of seeing through qualitative research. *Academy of Management Journal* 61: 1189–1195.
- Baumeister R, Bratslavsky E, Finkenauer C, et al. (2001) Bad is stronger than good. *Review of General Psychology* 5: 323–370.
- Bazeley P (2013) *Qualitative data analysis: Practical strategies*. London: Sage.
- Bryman A and Bell M (2011) *Business research methods*. Cambridge: Oxford University Press.
- Cacioppo JT, Gardner WL and Berntson GG (1997) Beyond bipolar conceptualizations and measures: The case of attitudes and evaluative space. *Personality and Social Psychology Review* 1: 3–25.
- Chen M-L (2012) The effect of leader reward and punishment behaviors on subordinates' budget reports. *The Engineering Economist* 57: 41–54.
- Cialdini RB and Trost MR (1998) Social influence: Social norms, conformity and compliance. In: Gilbert DT, Fiske ST and Lindzey G (eds) *The Handbook of Social Psychology*. Boston: McGraw-Hill, pp. 151–192.
- Crawford JA, Dawkins S, Martin A, et al. (2020) Putting the leader back into authentic leadership: Reconceptualising and rethinking leaders. *Australian Journal of Management* 45: 114–133.
- DeCelles K and Anteby M (2020) Compassion in the clink: When and how human services workers overcome barriers to care. *Organization Science* 31: 1408–1431.
- Depue R and Morrone-Strupinsky J (2005) A neurobehavioral model of affiliative bonding. *Behavioral and Brain Science* 28: 313–395.
- Dev V, Fernando AT, Kirby JN, et al. (2019) Variation in the barriers to compassion across healthcare training and disciplines: A cross-sectional study of doctors, nurses, and medical students. *International Journal of Nursing Studies* 90: 1–10.

- Dutton JE, Lilius JM and Kanov JM (2007) The transformative potential of compassion at work. In: Piderit SK, Fry RE and Cooperrider DL (eds) *Handbook of Transformative Cooperation: New Designs and Dynamics*. Stanford, CA: Stanford University Press, pp. 107–126.
- Dutton JE, Workman KM and Hardin AE (2014) Compassion at work. *Annual Review of Organizational Psychology and Organizational Behavior* 1: 277–304.
- Dutton JE, Worline MC, Frost PJ, et al. (2006) Explaining compassion organizing. *Administrative Science Quarterly* 51: 59–96.
- Elliott R, Fischer CT and Rennie DL (1999) Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology* 38: 215–229.
- Fernando AT and Consedine NS (2014) Development and initial psychometric properties of the Barriers to Physician Compassion questionnaire. *Postgraduate Medical Journal* 90: 388–395.
- Fernando AT III and Consedine NS (2017) Barriers to medical compassion as a function of experience and specialization: Psychiatry, pediatrics, internal medicine, surgery, and general practice. *Journal of Pain Symptom Management* 53: 979–987.
- Ford BQ, Lam P, John OP, et al. (2018) The psychological health benefits of accepting negative emotions and thoughts: Laboratory, diary, and longitudinal evidence. *Journal of Personality and Social Psychology* 115: 1075–1092.
- Fredrickson BL (2004) The broaden-and-build theory of positive emotions. *Philosophical Transactions of the Royal Society of London B* 359: 1367–1377.
- Fredrickson BL, Cohn M, Coffey KA, et al. (2008) Open hearts build lives: Positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology* 95: 1045–1062.
- Fry M, MacGregor C, Ruperto K, et al. (2013) Nursing praxis, compassionate caring and interpersonal relations: An observational study. *Australasian Emergency Nursing Journal* 16: 37–44.
- Gehman J, Glaser VL, Eisenhardt KM, et al. (2018) Finding theory–method fit: A comparison of three qualitative approaches to theory building. *Journal of Management Inquiry* 27: 284–300.
- Gilbert P (2020) Compassion: From its evolution to a psychotherapy. *Frontiers in Psychology* 11: 586161.
- Gilbert P and Procter S (2006) Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy* 13: 353–379.
- Grant AM, Dutton JE and Rosso BD (2008) Giving commitment: Employee support programs and the prosocial sensemaking process. *Academy of Management Journal* 51: 898–918.
- Hämäläinen R and Saarinen E (2006) Systems intelligence: A key competence for organizational life. *Reflections: The Sol Journal* 7: 17–28.
- Hämäläinen R and Saarinen E (2008) Why systems intelligence? In: Hämäläinen RP and Saarinen E (eds) *Systems Intelligence. A New Lens on Human Engagement and Action*. Espoo: Helsinki University of Technology, pp. vii–ix.
- Huppert FA (2017) Mindfulness and compassion as foundations for well-being. In: White MA, Slemp GR and Murray AS (eds) *Future Directions in Well-Being*. Cham: Springer, pp. 225–233.
- Kanov JM, Maitlis S, Worline MC, et al. (2004) Compassion in organizational life. *The American Behavioral Scientist (Beverly Hills)* 47: 808–827.
- Kanov JM, Powley EH and Walshe ND (2017) Is it ok to care? How compassion falters and is courageously accomplished in the midst of uncertainty. *Human Relations* 70: 751–777.
- Kirby JN, Tellegen CL and Steindl SR (2017) A meta-analysis of compassion-based interventions: Current state of knowledge and future directions. *Behavior Therapy* 48: 778–792.
- Lilius JM, Worline MC, Maitlis S, et al. (2008) The contours and consequences of compassion at work. *Journal of Organizational Behavior* 29: 193–218.
- Ling D, Petrakis M and Olver JH (2021) The use of common humanity scenarios to promote compassion in healthcare workers. *Australian Social Work* 74: 110–121.
- Lorenz EN (1963) Deterministic nonperiodic flow. *Journal of the Atmospheric Sciences* 20: 130–141.

- Madden LT, Duchon D, Madden TM, et al. (2012) Emergent organizational capacity for compassion. *The Academy of Management Review* 37: 689–708.
- Makransky J (2012) Compassion in Buddhist psychology. In: Germer CK and Siegel RD (eds) *Wisdom and Compassion in Psychotherapy: Deepening Mindfulness in Clinical Practice*. New York: Guilford Press, pp. 61–74.
- Melwani S, Mueller JS and Overbeck JR (2012) Looking down: The influence of contempt and compassion on emergent leadership categorizations. *Journal of Applied Psychology* 97: 1171–1185.
- Miles MB, Huberman AM and Saldaña J (2014) *Qualitative Data Analysis: A Methods Sourcebook*. London: Sage.
- Mills J and Chapman M (2016) Compassion and self-compassion in medicine: Self-care for the caregiver (Editorial). *The Australasian Medical Journal* 9: 87–91.
- Neff K (2011) *Self-Compassion: The Proven Power of Being Kind to Yourself*. Hachette UK.
- Neff K and Germer C (2013) A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology* 69: 28–44.
- Nolan M, Diefendorff J, Erickson RJ, et al. (2022) Psychological compassion climate: Examining the nomological network of perceptions of work group compassion. *Journal of Vocational Behavior* 133: 103688.
- Paakkanen M, Martela F, Hakanen J, et al. (2021) Awakening compassion in managers—A new emotional skills intervention to improve managerial compassion. *Journal of Business and Psychology* 36: 1095–1108.
- Papadopoulos I, Lazzarino R, Koulouglioti C, et al. (2020) Obstacles to compassion-giving among nursing and midwifery managers: An international study. *International Nursing Review* 67: 453–465.
- Pessi AB (2010) Being individually together is systems intelligent: Lessons from volunteerism research. In: Hämäläinen RP and Saarinen E (eds) *Essays on Systems Intelligence*. Espoo: Aalto University, School of Science and Technology, Systems Analysis Laboratory, pp. 181–204.
- Rozin P and Royzman EB (2001) Negativity bias, negativity dominance, and contagion. *Personality and Social Psychology Review* 5: 296–320.
- Saarinen E and Hämäläinen RP (2004) Systems intelligence: Connecting engineering thinking with human sensitivity. In: Hämäläinen RP and Saarinen E (eds) *Systems Intelligence: Discovering a Hidden Competence in Human Action and Organizational Life*. Espoo: Helsinki University of Technology, pp. 9–38.
- Saarinen E and Hämäläinen RP (2010) The originality of systems intelligence. In: Hämäläinen RP and Saarinen E (eds) *Essays on Systems Intelligence*. Espoo: Aalto University, School of Science and Technology, Systems Analysis Laboratory, pp. 9–26.
- Scarlet J, Altmeyer N, Knier S, et al. (2017) The effects of Compassion Cultivation Training (CCT) on health-care workers. *Clinical Psychologist* 21: 116–124.
- Singh P, Raffin-Bouchal S, McClement S, et al. (2018) Healthcare providers' perspective on perceive barriers and facilitators of compassion: Results from a grounded theory study. *Journal of Clinical Nursing* 27: 2083–2097.
- Strauss AL and Corbin JM (1998) *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. 2nd ed. Thousand Oaks, CA: Sage.
- Vogus T, McClelland L, Lee Y, et al. (2021) Creating a compassion system to achieve efficiency and quality in health care delivery. *Journal of Service Management* 32: 560–580.
- Wang CXY, Pavlova A, Fernando A III, et al. (2022) Beyond empathy decline: Do the barriers to compassion change across medical training? *Advances in Health Sciences Education* 27: 521–536.
- Whitson J, Wang C, Kim J, et al. (2015) Responses to normative and norm-violating behavior: Culture, job mobility, and social inclusion and exclusion. *Organizational Behavior and Human Decision Processes* 129: 24–35.

Appendix I

The outline of the key interview questions

Main theme: compassion at work

Compassion in the everyday at work

- Please, from your workplace, can you also give examples for:
 - Ways of thinking that reflect compassion?
 - Actions taken or ideas followed that reflect compassion?
 - Instances of or requirements for compassion that are important to you personally or to a group that you belong to at work?
- How and why has compassion and compassion-cultivating emotional skills become part of the everyday life in your workplace?

Compassion and your own role

- How do you see your own responsibility in terms of compassion-cultivation and emotional climate of your workplace?
- How do you see your capability to affect the well-being and emotional climate of your workplace?
- To what degree and how do you practice self-reflection?
- Did the training affect your view of human? (what one believes of humans) Did it help you understand other people better?

Leaders and compassionate culture

- How do you see the role of leaders and supervisors regarding compassion and emotional culture of your workplace? For example,
 - What is their role like in creating a compassionate culture?
 - How important is the role?
 - Please, can you give examples of actions that the leaders take to create compassionate culture?

The compassion-cultivating emotional skills training

- How would you summarize the core message of the training that you participated? What has stuck in your mind? (For those who did not participate the training, what has stuck in your mind about the time you witnessed your colleagues participating in the training?)
 - Or, what was particularly valuable? What was challenging?

Failures or blocks of compassion

- What has not been implemented in terms of the training and why?
- What has prevented the advancement and maintenance of compassion in your workplace?

- Please, can you give examples for:
 - Parts of work where compassion is lacking?
 - Reasons why it might be lacking there?
 - The biggest barriers to compassion at work?
- Is there a way of misusing compassion at work? Please, can you give an example?

Compassion and work culture

- Do you feel that the culture in your workplace has changed more broadly after the compassion-cultivating training?
- How has compassion affected the work culture in your workplace? Please, can you give examples?

Positive emotions at work

- What does the word “co-passion” (translates as co-excitement) bring to your mind?
- Please, can you give examples of instances of or requirements for such shared positivity in your workplace? (That is, people responding positively to colleagues’ positive emotional experiences and successes)
- Is there a way of misusing “co-passion” (co-excitement)? Please, can you give examples?