

UNIVERSITY OF TWENTE.

Faculty of Behavioural,
Management & Social Sciences

Compassion in Organisations from Supervisors and Co-workers: Do Size and Nature of the Organisation matter?

Kimberly Bakker

s1758411

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Supervisors:

Stans Drossaert

Sander de Vos

Faculty of Behavioural, Management
and Social Sciences
University of Twente
P.O. Box 217
7500 AE Enschede
The Netherlands

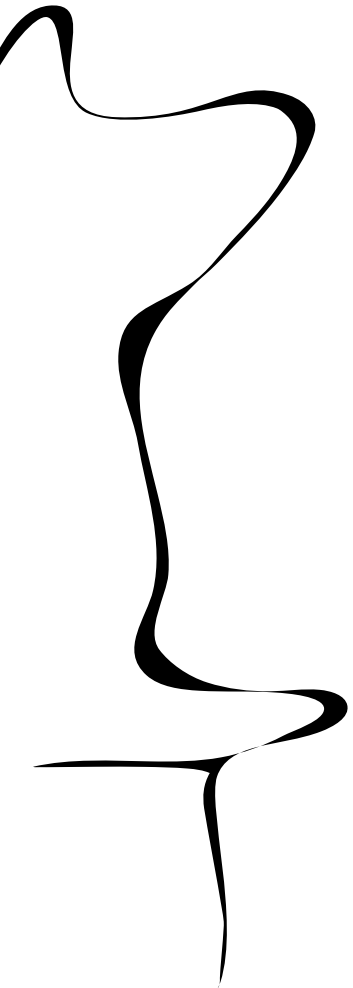


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Abstract

Background

Suffering at work has consequences for the individual but also for organisations. Compassion can be valuable to counteract suffering. In the previous years there has been more attention for compassion within organisations. Outside of the working context, it has been shown that there is a strong association between compassion and distress and well-being. Within the working context there has not been a lot of research up to now. Besides this, it is unclear to what extent perceived compassion in organisations differs according to the type or size of the organisation. Therefore, we want to address this gap in knowledge with the current study.

Aim

This study explored the role of compassion within organisations. We examined whether and how perceived compassion from supervisor and from co-workers impacts employees' distress and positive mental well-being. Also, we examined if the degree of perceived compassion was associated with organisational characteristics, namely profit vs. non-profit organisations and the size of the organisation. Lastly, we investigated whether the association between perceived compassion (from supervisor/co-workers) and employees' distress/positive mental well-being was moderated by the type or the size of the organisation.

Methods

An online questionnaire was used in which employees of various organisations participated ($N = 73$). The questionnaire included scales measuring perceived compassion in organisations, job demand, compassionate support, distress, and positive mental well-being.

Results

Participants perceived significantly more compassion from their co-workers ($M = 3.8$, $SD = 0.7$) than from their supervisor ($M = 3.4$, $SD = 0.8$). Participants from non-profit organisations perceived more compassion from co-workers ($M = 4.0$, $SD = 0.8$) than participants from profit organisations ($M = 3.6$, $SD = 0.7$). Both perceived compassion from supervisor ($r = -.50$, $p < 0.01$) as well as perceived compassion from co-workers ($r = -.33$, $p < 0.01$) were significantly associated with distress. However, looking at the correlations with positive mental well-being, only compassion from co-workers (and not that of supervisors) was significantly correlated ($r = .54$, $p < 0.01$). The results show that size of organisation moderates the relationship between perceived compassion from co-workers and positive mental well-being ($\Delta R^2 = 0.056$, $F(1, 68) = 5.912$, $p = 0.018$): in larger organisations this relationship was stronger than in smaller organisations.

Conclusion

The results suggest that compassion from supervisors is more important for decreasing employees' distress whereas compassion from co-workers is more important for increasing employees' positive mental well-being. Further findings underline the different meaning and impact of compassion in organisations according to the type (non-profit/profit) and size of the organisation. Because of the explorative nature of this study, further research is necessary to gain more insight on compassion in different organisations. Nevertheless, the study shows that compassion in organisations can be valuable to counteract the suffering within organisations.

Introduction

All members of organisations experience suffering at some point in their work life. Frost calls suffering “a significant aspect of organisational life” (Frost 1999, p. 128). Suffering can arise outside of the work context as with illness, injury, or the loss of a loved one or within the work context as with stress, bullying, making mistakes or (the fear of) not meeting expectations or targets. Next to these, toxic relationships with supervisors or co-workers can also result in suffering (Frost, 2003). Regardless of the source of suffering and regardless of one’s job-level or organisation, suffering impacts the work lives of employees and the organisation as a whole.

Consequences of suffering for the individual can be increased levels of distress, which have been shown to be related to a greater likelihood of depressive symptoms or burnout (Chen et al., 2009; Iacovides et al., 2003). Burnout or work-related absenteeism are also related to an increase of stress-related health outcomes, as fatigue, sleep disturbances, hypertension, or cardiovascular disease (Haase, 2020; Salvagioni et al., 2017). Besides leading to increased levels of distress, suffering can also lead to feeling less engaged, a lower sense of autonomy or the feeling of losing one’s purpose in life (Iacovides et al., 2003), in brief: decreased positive mental well-being. Thus, suffering can lead to both the increase of employee’s distress levels and the decrease of employee’s positive mental well-being.

From an organisational point of view, suffering can lead to a decrease in employees’ productivity (Goodman & Atkin, 1984). Moreover, absenteeism, can cause increased workload for other employees and high costs for the organisation itself (Goodman & Atkin, 1984; Haase, 2020). A cost-consequence analysis considering physician turnover and lower work hours due to burnout, estimated costs of 4,6 billion US dollars per year in the US (‘Cost of physician burnout in USA’, 2019). Despite these high costs for the individual and the organisation, there is still a high prevalence of burnout and work-related absenteeism. For instance, in the UK it was reported that one out of 25 employees had a period of long-term sickness absence within the last 12 months (Department of Work & Pension & Department of Health & Social Care, 2019). Also, statistics of Dutch employees show that 1.3 million employees suffer from burnout complaints (the Netherlands Organization, 2020). Considering the great number of employees that experience suffering within organisations and the high costs that come with it for the organisations, it is important to focus on how it can be reduced.

Compassion in organisations can be valuable to counteract suffering. In the last couple of years, more and more emphasis has been placed on compassion. Although the importance of compassion has been recognized, there has been no clear definition in the past (Strauss et al., 2016). For Kanov et al. (2004) compassion included the following three aspects: noticing,

feeling, and responding. Gilbert (2010b) on the other hand, who also introduced the concept of compassion to clinical psychology, included the following six aspects: sensitivity, sympathy, empathy, motivation/caring, distress tolerance and non-judgement. The first four elements of Gilbert (2010b) relate to the ones that Kanov et al. (2004) included, namely, to first notice that someone is suffering, then feel it and putting oneself in their shoes and lastly to act upon it. The last two aspects of Gilbert (2010b), distress tolerance and non-judgement, were not included in Kanov et al.'s (2004) model before. Distress tolerance refers to being able to deal with one's own emotions that might occur being confronted with the suffering of another person. Non-judgement refers to remaining to accept and tolerate the suffering person, even when those confronting feelings arise. Later, compassion was defined by Strauss et al. (2016), who included the models of Kanov et al. (2004) and Gilbert (2010b) in their definition. This definition includes the following five dimensions: recognizing suffering in others, understanding the common humanity of this suffering, feeling emotionally connected with the person who is suffering, tolerating difficult feelings that may arise and acting or being motivated to act to help the person. Because Strauss et al. (2016) took an overarching approach for defining compassion, this definition was used within the current research.

Up to now, there has been a lot of research on compassion. Research has shown that receiving compassion is associated with decreased distress (Gilbert, 2010a; Kelly et al., 2009) and increased positive mental well-being (Gilbert, 2010a; Neff, 2003; Zessin et al., 2015). Next to this, literature from various backgrounds as religion, philosophy or psychology have supported the beneficial impact of compassion on positive mental well-being for a long time (Cosley et al., 2010). Although there has been extensive research on compassion in various contexts, research on compassion in organisations is only just emerging. There are some studies that show that compassion at work reduces negative emotions as for instance anxiety (Lilius et al., 2008). Other research showed that receiving compassion can reduce distress (Orellana-Rios et al., 2018; Oruh et al., 2021). Beside reducing anxiety and distress, research has shown that compassion at work promotes positive feelings as gratitude, pride and inspiration and it allows the sufferer to recover physically and psychologically (Dutton et al., 2014; Lilius et al., 2008). Compassion in the workplace also yields collective benefits as for instance greater collective commitment and decreased number of turnovers, which refers to employees leaving the organisation and needing to be replaced (Cameron et al., 2011; Lilius et al., 2008). Based on the extensive research on compassion and distress and positive mental well-being, it is assumed that compassion within organisations also decreases distress and promotes positive mental well-being.

In previous research, compassion in organisations has mostly been operationalized as a ‘compassionate climate’, without making a distinction between from whom the compassion was obtained. However, compassion obtained from co-workers may have another meaning and impact on employees as the compassion obtained by supervisors, and up until now, little is known about the differences. Some studies have focused on the positive impact of compassionate leadership (Dutton et al., 2002; Oruh et al., 2021). It has for instance been shown that during difficult times, compassion received from supervisors can positively impact the productivity level of an organisation (Dutton et al., 2002) or reduce the stress level of employees (Oruh et al., 2021). However, to our knowledge there has not been a study that compared the impact of perceived compassion from supervisors to the impact of perceived compassion by co-workers. Gaining more understanding on whether and how compassion from supervisor and compassion from co-workers is perceived can, for instance, be of use for future developments of interventions. Therefore, it is of importance to address this gap in literature and to examine whether perceived compassion by supervisors or co-workers impacts employees’ distress or positive mental well-being differently.

Secondly, we do not know whether compassion is experienced more or less in certain organisations compared to others. To our knowledge few studies have focused on perceived compassion within different organisation types. Some research has for instance studied compassion within care settings (Kearsley & Youngson, 2012; Orellana-Rios et al., 2018) but to our knowledge this has not been compared to non-care settings. We expect that within care settings more compassion is perceived compared to non-care settings. However, research by Mittermaier (2021) challenges this expectation by stating that there is a difference between ‘caring for’ and ‘caring about’ people. She highlights that just because a non-profit organisation as a charity is caring for people it does not mean that compassion is the central driving force behind this. Thus, next to looking at differences within non-care/care organisations it would be interesting to examine whether there are differences in perceived compassion within non-profit versus profit organisations. It could be that within profit organisations co-workers more easily have the role of a competitor, because of which less empathy might be shown compared to non-profit organisations, where the focus might be more on supporting each other. Therefore, we expect more perceived compassion within non-profit organisations compared to profit organisations but up to now this has not been examined, yet. Besides possible differences of perceived compassion in organisation types, we could also think of other characteristics that might have an impact on perceived compassion, as for instance the size of an organisation. Up until now it has not been studied whether compassion is perceived more in larger organisations

than in smaller organisations. We expect that people in larger organisations perceive less compassion than people in smaller organisations because within smaller organisations people know each other more and there might be a greater recognition of the individuals, but so far no study has examined this.

The current research

Suffering at work has consequences for the individual but also for organisations. Suffering can increase employees' distress levels, decrease their positive mental well-being and general productivity within the organisation. Compassion in organisations may be valuable to counteract the suffering. Outside of the working context, it has been shown that there is a strong association between compassion and distress and positive mental well-being. Within the working context there has not been a lot of research. Therefore, we want to address this gap in knowledge with the current study. In this research we want to gain a better understanding of how perceived compassion in organisations works and whether it impacts employees' distress and positive mental well-being. Next to that, we also want to see whether the degree of perceived compassion is determined by organisational characteristics. In this study we are especially interested in non-care vs. care, non-profit vs. profit organisations and the size of the organisations. Due to the explorative nature of this study, the following research questions are considered:

RQ 1: To what extent is perceived compassion in organisations (from supervisor/co-workers) associated with employees' distress and positive mental well-being?

RQ 2: To what extent is perceived compassion in organisations (from supervisor/co-workers) associated with different characteristics of the organisation? (non-care/care, non-profit/profit, size of the organisation)

RQ 3: Is the relation between perceived compassion (from supervisor/co-workers) and distress/positive mental well-being moderated by the characteristics care vs. non-care or profit vs. non-profit?

RQ 4: Is the relation between perceived compassion (from supervisor/co-workers) and distress/positive mental well-being moderated by the size of the organisation?

Method

Design

In order to be able to answer the abovementioned research questions and therefore to investigate the relationship between perceived compassion (from supervisor/co-workers) and distress and mental well-being by organisation type and size, a cross-sectional survey design was used. An online questionnaire was conducted among a convenience sample that consisted of employees working at various organisations.

Participants and Procedure

Ethical approval was given for the current study by the BMS Ethics Committee of the University of Twente (210330). The online questionnaire was provided in Dutch and German. The data for the Dutch questionnaire were collected between April 18th and July 28th, 2021, and data for the German questionnaire were collected between the April 27th and May 30th, 2021. There were several inclusion criteria for participating in the study. Firstly, for ethical reasons participants had to be at least 18 years of age. Secondly, participants had to work at least 20 hours per week. Lastly, participants could not be freelancers or have their own company. Instead, it was important that the participant worked at an organisation which includes at least five employees of which at least one is the manager or supervisor.

The data were gathered in collaboration with another researcher. Participants were recruited through social media, personal contacts of the researchers and snowball sampling. Participants took part in the study voluntarily, which was confirmed by the active agreement to the informed consent. Participants were invited through an anonymous link to Qualtrics, an online survey tool. First, they were presented with an introduction, which enlightened them about the purpose of the study, their rights, and the inclusion criteria. Furthermore, participants were informed that the questionnaire would take approximately 15 minutes of their time. Following this, participants had to agree with the informed consent to continue with the questionnaire. At the end of the questionnaire the participants were thanked for their participation. Next to this, they were offered the researcher's contact details in case of questions or in case they were interested in the outcomes of the study. Received email addresses were stored separately from the received data.

In total, 92 participants agreed to the informed consent and started the questionnaire. Of these, 2 participants were excluded because they did not fulfil the inclusion criteria of working at least 20 hours a week. Furthermore, the study has a dropout rate of 20 participants (22%), who did not finish the questionnaire. Of these, 3 participants filled out enough questions for the

current study to consider their data partially. In total, the data of 73 participants were used for further analyses.

Measures

Since the online questionnaire was provided in Dutch and German, some original Dutch items were translated into German by the researchers through forward-backward translation. Next to that, the translations were checked by two bilingual speakers (German, Dutch). Within the questionnaire, participants were asked questions about their personal background information, organisation-related or job-related characteristics, compassion from supervisor/co-workers, job demands, compassionate support, distress, positive mental well-being, job satisfaction and their intention to leave. Below follows a description of the questions that were relevant for the current study.

Personal background variables. In the first part of the online questionnaire participants were asked to give information about their personal background, namely age, sex, and nationality. The exact wording of the items and answering options can be found in Table 1.

Organisation-related or job-related characteristics. Participants were also asked questions about their job and the organisation they work for. The questions asked about their job sector, working hours per week, time of employment, number of employees, supervisory function, sex of supervisor, and age of supervisor. The wording of the questions and answering options can be found in Table 2. The variable *size of the organisation* (number of employees) was dichotomized for further analyses into organisations with more or less than 100 employees. Participants were also asked to indicate whether they work in a care/non-care or profit/non-profit setting. The exact wording of the items can be found in Appendix A. Unfortunately, only 12 participants worked in a care setting, therefore we decided to not analyse the data of this variable separately.

Compassion from supervisor/co-workers. To test the compassion that is perceived from one's supervisor/co-workers, a new measurement *compassion in organisations* by Drossaert et al. (2020) was used, which is based on Strauss et al. (2016). The scale consists of 20 items, of which 10 items ask about the perceived compassion from one's supervisor and the other 10 about the perceived compassion from one's co-workers. The questions asking about perceived compassion from supervisor/co-workers are the same. An example item is 'When facing difficulties at work I experience emotional support from my supervisor/co-workers.' Participants were asked to answer the items on a 5-point Likert scale going from never (1) to always (5). The mean scale score was used to assess the compassion that participants experience

from their supervisor/co-workers. The scale asking about perceived compassion from supervisor showed excellent internal consistency, with a Cronbach's α of .93. The scale asking about perceived compassion from co-workers also showed excellent internal consistency, with a Cronbach's α of .92.

Distress. To measure distress, the *Perceived Stress Scale* by Cohen et al. (1983) was used. The scale consists of 10 items. Four positively formulated items were recoded, so that higher scores indicate more distress. An example item of the scale is 'In the last month, how often have you been upset because of something that happened unexpectedly?' An example of a positively formulated item is 'In the last month, how often have you been able to control irritations in your life?' Participants were asked to answer on a 5-point Likert scale going from never (1) to very often (5). The mean scale scores were used to assess the distress of participants. The current study shows a good internal consistency for this scale with a Cronbach's α of .81.

Positive Mental Well-being. To assess positive mental well-being the Short Form of the *Mental Health Continuum Scale* by Keyes (2002) was used. This scale consists of three subscales and 14 items. The first subscale, *emotional well-being*, includes the following item: During the past month, how often did you feel that you were interested in life? The second subscale, *social well-being*, includes the following item: During the past month, how often did you feel that people are basically good? The last subscale, *psychological well-being*, includes the following item: During the past month, how often did you feel that you were challenged to grow or to become a better person? Participants were asked to answer on a 6-point Likert scale ranging from never (1) to everyday (6). The mean score of all three subscales together was used to assess positive mental well-being. The total scale had a high Cronbach's α of .91 within the current study. The subscales individually have a good Cronbach's α of .88 (emotional well-being), .78 (social well-being) and .85 (psychological well-being).

Data Analysis

In order to analyse the provided data, the program IBM SPSS Statistics 27 was used. The data of the German and Dutch version of the questionnaire were analysed together. To get an overview of the study sample, the descriptive statistics of the personal background variables and the organisation- and job-related variables were calculated. Next, the number of participants, means, and standard deviations of the key variables compassion from supervisor/co-workers, distress and positive mental well-being were calculated for the total sample and by type (non-profit/profit) and size of the organisation (more or less than 100 employees). Preliminary analyses were performed to ensure that assumptions of normality,

linearity and homoscedasticity were not violated. The data was also screened for possible outliers, which was not the case. To examine the relation of compassion to distress and positive mental well-being, Pearson correlation analyses were conducted. To examine whether type (non-profit/profit) or size of the organisation (more or less than 100 employees) moderates the relation of compassion to distress and positive mental well-being, hierarchical regression analyses were performed. For these, distress and positive mental well-being were the dependent variables, compassion from supervisor/co-workers were independent variables, and the type (non-profit/profit) and size of the organisation (more or less than 100 employees) were dichotomous moderators. PROCESS v.4.0. by Hayes (2017) was used to generate data for the regression lines. Results were considered at a significance level of 0.05.

Results

Description of the Study Group

Table 1 presents an overview of the demographics of the study sample. Participants were about equally divided over the sexes and slightly more often German.

Table 1

Demographics of the Sample (N=73).

<i>Variable</i>	<i>Answering options</i>	<i>N</i>	<i>%</i>	<i>M</i>	<i>SD</i>	<i>Min/Max</i>
Age		73		33.5	11.6	19/62
Sex	Male	37	51			
	Female	36	49			
	Divers	0	0			
Nationality	Dutch	27	37			
	German	43	59			
	Other ^a	3	4			

Note. ^anamely Russian of German heritage, Nigerian and Portuguese.

Table 2 shows the frequency and percentage of organisation-related and job-related characteristics of the study sample. The most prevalent job sectors are healthcare and well-being, followed by engineering, manufacturing and construction and trade and services. Most of the participants worked at a profit organisation and not within the care sector. The vast majority worked 30 hours a week or more and did not supervise other people. Considering the supervisors of the participants one can see that they were mostly male and mostly older than 40 years of age.

Table 2

Frequency and Percentage of Organisation-related or Job-related Characteristics of the Sample (N=73).

<i>Variable</i>	<i>Answering options</i>	<i>N</i>	<i>%</i>
Job Sector	Healthcare and well-being	21	29
	Trade and services	10	14
	I(C)T	4	6
	Justice, security and public governance	3	4
	Agriculture, nature and fishing	1	1
	Media and communication	2	3
	Education, culture and science	7	10
	Engineering, manufacturing and construction	12	16
	Tourism, recreation and catering	1	1
	Transport and logistics	2	3
	Other ^a	10	14
	Profit organisation	Yes	50
No		23	32
Care organisation	Yes	12	16
	No	61	84
Working hours per week	20-25	7	10
	26-30	6	8
	30+	60	82
Time of employment^b	<1 year	10	14
	1-5 years	40	55
	6-10 years	12	16
	>10 years	11	15
Number of employees^b	0-50	16	22
	50-100	9	12
	100-500	18	25
	500-1000	9	12
	1000+	21	29
Supervisory function^b	No, I am not supervising any other people	57	78
	Yes, but supervising is not my main function	11	15
	Yes, I am mainly working as a supervisor	4	6
	Yes, I am only working as a supervisor	1	1
Sex of supervisor^b	Male	49	67
	Female	24	33
Age of supervisor^b	≤ 30	4	7
	31-40	17	23
	41-50	23	32
	50+	28	38

Note. ^anamely oil and gas industry, energy industry, food industry, social services, industrial sector; ^bat current organisation.

Descriptive Statistics of the Key Variables

Table 3 provides an overview of the descriptive statistics of the key variables of the total sample and by type and size of the organisation. All participants scored slightly above the scale mean on distress and above the scale mean on positive mental well-being. Comparing the different components of positive mental well-being the results show that participants scored especially high on emotional well-being. Comparing the different groups, non-profit and profit

organisations, and organisations with less or more than 100 employees did not differ significantly with regards to distress or positive mental well-being.

Overall, participants reported perceiving significantly more compassion from their co-workers ($M = 3.8$) than from their supervisor ($M = 3.4$). Non-profit and profit organisations did not differ significantly with regards to perceived compassion from supervisor. But, as expected, non-profit organisations were found to perceive significantly more compassion from co-workers ($M = 4.0$) compared to profit organisations ($M = 3.6$). Organisations with less or more than 100 employees did not differ significantly with regards to perceived compassion from supervisor/co-workers.

When looking at personal characteristics of the participants (gender and nationality), it was found that female participants as well as German participants reported perceiving significantly more compassion from their co-workers (female: $M = 3.9$, $SD = 0.8$, German: $M = 3.7$, $SD = 0.7$) than from their supervisor (female: $M = 3.5$, $SD = 0.8$, German: $M = 3.2$, $SD = 0.9$). Also, Dutch participants reported perceiving significantly more compassion from their supervisor ($M = 3.8$, $SD = 0.7$) compared to German participants ($M = 3.2$, $SD = 0.9$).

Table 3

Means and Standard Deviations of Key Variables by Type (non-profit/profit) and Size (more or less than 100 employees) of the Organisation.

Variable	Type of organisation ^a			Size of organisation	
	total sample ($N=73$)	profit ($N=50$)	non-profit ($N=23$)	< 100 employees ($N=25$)	> 100 employees ($N=48$)
Compassion from supervisor (1-5)	3.4 (0.8)	3.4 (0.8)	3.4 (0.8)	3.3 (1.0)	3.5 (0.7)
Compassion from co-workers (1-5)	3.8 (0.7) ⁺	3.6 (0.7)	4.0 (0.8)*	3.6 (0.9)	3.8 (0.6)
Distress (1-5)	2.8 (0.6)	2.9 (0.6)	2.8 (0.6)	2.8 (0.6)	2.8 (0.5)
Positive mental well-being (total score) (1-6)	4.0 (0.9)	3.9 (0.9)	4.3 (0.9)	4.0 (0.9)	4.0 (0.9)
Emotional well-being	4.6 (1.0)	4.4 (1.1)	4.9 (0.9)	4.7 (1.0)	4.5 (1.0)
Social well-being	3.5 (1.1)	3.4 (1.0)	3.7 (1.2)	3.3 (1.0)	3.5 (1.1)
Psychological well-being	4.2 (1.0)	4.1 (0.9)	4.5 (1.0)	4.3 (1.0)	4.2 (1.0)

Note.⁺ $P < 0.01$, difference within-group (compassion from supervisor vs. co-workers) tested with paired-sample t-test.

*** $P < 0.5$, difference between groups tested with independent-sample t-test.

Relation between Compassion and Distress/Positive Mental Well-being

Table 4 shows that both compassion from supervisor as well as compassion from co-workers were, as expected, significantly and negatively associated with employee's distress. However, looking at the correlations with positive mental well-being, only compassion from co-workers (and not that of supervisors) was significantly correlated. If we look at the different subscales of positive mental well-being, it appears that compassion from supervisor was only

(weakly) related to emotional well-being, whereas compassion from co-workers was moderately associated to all forms of psychological well-being.

Table 4

Correlations of Compassion and Distress/Positive Mental Well-being

Variable	1	2	3	4	5	6	7
1 Compassion from supervisors	1						
2 Compassion from co-workers	.20	1					
3 Distress	-.50**	-.33**	1				
4 Positive mental well-being	.21	.54**	-.58**	1			
5 Emotional well-being	.28*	.42**	-.64**	.83**	1		
6 Social well-being	.11	.42**	-.39**	.86**	.52**	1	
7 Psychological well-being	.22	.55**	-.56**	.93**	.77**	.65**	1

Note. *Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

The Moderating Role of Non-profit/Profit

In order to test if there was a moderation effect, a set of multiple hierarchical regression analyses were conducted. In the first set, non-profit/profit and **compassion from supervisor** were entered as independent predictors of distress/positive mental well-being. In the second set, the interaction of compassion from supervisor and non-profit/profit was added as a predictor of distress/positive mental well-being. No moderation effect was found of these predictors on **distress** ($\Delta R^2 = 0.005$, $F(1, 66) = 0.435$, $p = 0.512$) or **positive mental well-being** ($\Delta R^2 = 0.002$, $F(1, 68) = 0.143$, $p = 0.707$) (see Table 5).

Similar analyses were done with the independent predictors **compassion from co-workers** and the interaction of compassion from co-workers and non-profit/profit (Table 5). Again, the results show no moderation effect of these predictors on **distress** ($\Delta R^2 = 0.009$, $F(1, 66) = 0.636$, $p = 0.428$) or **positive mental well-being** ($\Delta R^2 = 0.006$, $F(1, 68) = 0.538$, $p = 0.466$).

Table 5

Results of moderation analyses for distress (1-5) and positive mental well-being (1-6), predicted by compassion from supervisor/co-workers (1-5) moderated by characteristics of the organisation: non-profit, profit (0-1) (N= 72).

Variable	distress				positive mental well-being			
	b	SE b	t	p	b	SE b	t	p
Compassion from supervisors	-0.415 [-0.679, -0.151]	0.132	-3.137	0.003	0.166 [-0.282, 0.615]	0.225	0.740	0.462
Non-profit/profit ^a	-0.189 [-1.273, 0.896]	0.543	-0.348	0.729	-0.0714 [-2.612, 1.185]	0.952	-0.750	0.456
Interaction (compassion ^b *non-profit/profit)	0.104 [-0.210, 0.417]	0.157	0.660	0.512	0.103 [-0.439, 0.644]	0.271	0.378	0.707

Variable	distress				positive mental well-being			
	<i>b</i>	<i>SE b</i>	<i>t</i>	<i>p</i>	<i>b</i>	<i>SE b</i>	<i>t</i>	<i>p</i>
Compassion from co-workers	-0.148 [-0.444, 0.147]	0.148	-1.003	0.319	0.753 [0.344, 1.162]	0.205	3.674	<0.001
Non-profit/profit ^a	0.610 [-0.853, 2.074]	0.733	0.832	0.408	0.646 [-1.417, 2.709]	1.034	0.625	0.534
Interaction (compassion ^a *non-profit/profit)	-0.148 [-0.520, 0.223]	0.186	-0.798	0.428	-0.191 [-0.712, 0.329]	0.261	-0.733	0.466

Note. ^anon-profit coded as 0, profit coded as 1; ^bfrom supervisor; ^cfrom co-workers.

The Moderating Role of the Size of the Organisation

The current study also sought to explore the moderating role of the size of the organisation. Again, multiple hierarchical regression analyses were conducted to test whether moderation effects were to be found. Results show that no moderation effect was found of size of organisation on the relation between **compassion from supervisor** and **distress** ($\Delta R^2 = 0.001$, $F(1, 66) = 0.041$, $p = 0.841$) or **positive mental well-being** ($\Delta R^2 = 0.023$, $F(1, 68) = 1.694$, $p = 0.198$) (see Table 6).

Similar analyses were done with the independent predictors **compassion from co-workers** and the interaction of compassion from co-workers and size of the organisation (Table 6). The results showed no moderation effect of size of organisation on the relation between compassion from co-workers and **distress** ($\Delta R^2 = 0.043$, $F(1, 66) = 3.386$, $p = 0.070$). However, the results did show that size of organisation moderates the relationship between **compassion from co-workers** and **positive mental well-being** ($\Delta R^2 = 0.056$, $F(1, 68) = 5.912$, $p = 0.018$) (see Table 6). As can be seen in Figure 1, a stronger association between compassion from co-workers and positive mental well-being for larger organisations than for smaller organisations was found.

Table 6

Results of moderation analyses for distress (1-5) and positive mental well-being (1-6), predicted by compassion from supervisor/co-workers (1-5) moderated by size of the organisation: less than 100 employees, more than 100 employees (0-1) ($N = 72$).

Variable	distress				positive mental well-being			
	<i>b</i>	<i>SE b</i>	<i>t</i>	<i>p</i>	<i>b</i>	<i>SE b</i>	<i>t</i>	<i>p</i>
Compassion from supervisor	-0.365 [-0.585, -0.145]	0.110	-3.313	0.002	0.059 [-0.318, 0.435]	0.189	0.312	0.756
Size of the organisation ^a	0.016 [-0.995, 1.028]	0.507	0.032	0.975	-1.204 [-2.990, 0.582]	0.895	-1.345	0.183
Interaction (compassion ^b *size of the organisation)	0.030 [-0.264, 0.324]	0.147	0.202	0.841	0.335 [-0.179, 0.848]	0.257	1.302	0.198

Variable	distress				positive mental well-being			
	b	SE b	t	p	b	SE b	t	p
Compassion from co-workers	-0.098 [-0.342, 0.146]	0.122	-0.803	0.425	0.394 [0.068, 0.719]	0.163	2.409	0.019
Size of the organisation ^a	1.254 [-0.060, 2.567]	0.658	1.906	0.061	-2.323 [-4.135, -0.511]	0.908	-2.558	0.013
Interaction (compassion ^c *size of the organisation)	-0.321 [-0.669, 0.273]	0.174	-1.840	0.070	0.580 [0.104, 1.055]	0.238	2.431	0.018

Note. ^a< 100 employees coded as 0, > 100 employees coded as 1; ^bfrom supervisor; ^cfrom co-workers.

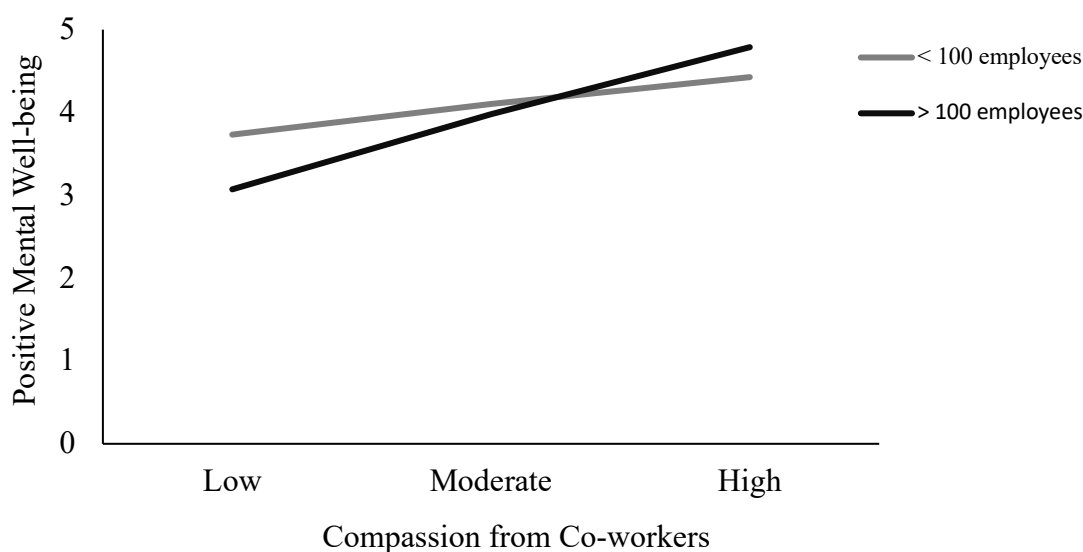


Figure 1. Interaction Plot of Positive Mental Well-being by Perceived Compassion from Co-workers by Size of Organisation.

Discussion

The topic of compassion in organisations is only emerging. Studies have focused on the received compassion to some extent, yet the distinction between perceived compassion from co-workers and supervisors has to the knowledge of the researcher never been made before. Also, research has not focused on differences in perceived compassion according to organisation type and size. Therefore, the aim of this study was to address this gap in literature and explore the relationship between compassion in organisations and distress/positive mental well-being while taking the compassion giver, the type, and the size of the organisation into account.

Firstly, the current study aimed to investigate *to what extent compassion in organisations (from supervisor/co-workers) is associated with employees' distress and positive mental well-being*. This study not only focused on the impact of compassion on employees'

distress, but it also examined the impact of compassion on employees' positive mental well-being, including concepts such as purpose in life, autonomy, and personal growth (Keyes, 2002). Research has shown that distress and mental well-being are two related but different constructs (Keyes, 2002). Findings of the current study show that compassion in organisations is negatively associated with employees' distress. These findings were expected and are in line with previous research (Orellana-Rios et al., 2018; Oruh et al., 2021). Specifically, the findings of the current study show that compassion from supervisors is more important than compassion from co-workers when it comes to distress. Research by Oruh et al. (2021) suggests that supervisors can respond to concerns and worries that employees might have and herewith significantly decrease the stress levels of employees. Thus, an explanation for the greater importance of compassion from supervisors on distress might be that supervisors have the position to take away or answer the worries or questions of employees, which is not something that co-workers can do. Although, the findings of this study suggest that received compassion from supervisors is important for decreasing stress levels of employees, future experimental studies are needed to support this suggestion. Future experimental studies could test if training in compassion for supervisors can actually lead to decreased stress levels in employees, which has, to the knowledge of researcher, not been researched before.

Further findings of the current study show positive associations between perceived compassion from co-workers and positive mental well-being. The current study expected positive associations with both perceived compassion from co-workers and from supervisors. The latter was not supported by the results of this study. A possible explanation for this could be based on the work of Bento (1994), which proposes that the increased status might decrease the likelihood of sharing one's suffering. Thus, while the interaction with one's supervisor might be limited to work-related aspects, closer contact with direct co-workers might invite sharing personal aspects and could therefore be reason for finding positive associations between perceived compassion from co-workers and positive mental well-being. As suffering might be expressed in the interaction with co-workers, these co-workers can better notice, respond and act upon the employee's situation to increase well-being. This would be in line with research by Lilius et al. (2011) who state that in an organisational context it is easier to express suffering and to respond to it if the relationships are of a higher quality. Next to that, co-workers can make someone feel appreciated and make the employee aware of having warm and trusting relationships, which are also aspects that increase positive mental well-being (Keyes, 2002). However, future experimental studies are needed to test if showed compassion by co-workers

actually increases positive mental well-being of employees and to examine what underlying factors are.

The findings of this study suggest that received compassion from supervisors is more important for decreasing distress of employees and that received compassion from co-workers is more important for increasing well-being. These results support the expectation that compassion obtained from co-workers may have another meaning and impact on employees as the compassion obtained by supervisors. However, due to the cross-sectional character of this study we cannot draw any firm conclusions about the direction of the obtained associations. Therefore, future experimental studies are needed to test if and how compassion from supervisors impacts employees' distress and positive mental well-being differently compared to compassion from co-workers. Gaining more knowledge on the different meaning and impact of compassion obtained from supervisor or from co-workers can be of use for the development of future interventions. More information on whether and how the employee is impacted by the received compassion can give insight on what kind of intervention might be useful for which target group.

The second aim of our study was to investigate *to what extent compassion in organisations (from supervisor/co-workers) is associated with different characteristics of the organisation (non-profit/profit, size of the organisation)*. Findings show that, as expected, employees from non-profit organisations perceived significantly more compassion from co-workers compared to employees from profit organisations. Reason for this could be that, as mentioned earlier, within profit organisations co-workers more easily have the role of a competitor, because of which less empathy might be shown compared to non-profit organisations, where the focus might be more on supporting each other. Research by Araújo et al. (2016) challenges this explanation by suggesting that both profit and non-profit organisations have the capacity to minimize the suffering of employees using compassion. However, they suggest that different organisations use different approaches to implement compassion. Future research is needed to give more insight on how compassion is implemented in non-profit and profit organisations and on whether this impacts how much compassion is perceived in the context of non-profit and profit organisations. More knowledge on this can be used to tailor compassion-focused interventions in the right way for the right organisation.

The current research also investigated *whether the relation between compassion in organisations (from co-workers/supervisor) and distress/positive mental well-being is moderated by the characteristic non-profit/profit*. The findings showed no moderating effect of the characteristic non-profit/profit, meaning that the impact of compassion does not differ

depending on whether an organisation is a non-profit or profit organisation. A possible explanation might be that although there is a difference with regards to the focus of the organisation, people-focused vs. profit-focused, within the organisation the interactions with supervisors and co-workers are the same and therefore the impact of compassion is the same. On the other hand, research by Mittermaier (2021) challenges this way of thinking by suggesting that showing compassion is not defined by being a non-profit organisation but rather by aspects relating to whether you 'care for' or 'care about' people. Therefore, other aspects relating to care might be of importance when it comes to the different impact of compassion. Besides this, this statement underlines the relation between non-profit and care. The current research originally aimed to also investigate differences in compassion in organisations when it comes to care versus non-care organisations. Due to the small number of participants working in a care organisation, we were not able to answer this question. However, considering the suggestion by Mittermaier (2021) questions arise as to whether there is a difference between a care and a non-profit organisation and to what extent they are the same. Future research is needed to investigate to what extent the characteristics non-profit and care define an organisation and to what extent the impact and meaning of compassion differs compared to non-care/profit organisations.

Finally, considering the extent to which *compassion in organisations is associated with the size of the organisation* it was expected that there is higher perceived compassion in smaller organisations. However, findings show that organisations with more than 100 employees and organisations with less than 100 employees did not differ with regards to perceived compassion. An explanation could be that regardless of the size of the total organisation, one's interaction with direct co-workers and supervisor stays the same and therefore no difference in perceived compassion. Future studies are needed to support this suggestion. It was also examined *whether the relation between compassion in organisations (from co-workers/supervisor) and distress/positive mental well-being is moderated by the size of the organisation*. Results show a moderating effect of size of organisation on compassion from co-workers and positive mental well-being. These findings indicate that within larger-sized organisations there is a greater benefit of compassion from co-workers on positive mental well-being of employees compared to smaller-sized organisations. Future research is needed to explore this interaction more.

Although it was not a research question, it was found that Dutch participants perceived more compassion from their supervisor than German participants. This result is in line with an article stating that in Germany there is generally a higher degree of formality in the workplace compared to the Netherlands (Expatica, 2021). Because of this formality and the distance

between employee and supervisor it might be that employees do not share their suffering in the first place. As employees working in the Netherlands are often treated as equals, despite the hierarchical positions (Expatica, 2021), there might more room for sharing suffering and showing compassion. Future research is needed to support this suggestion and to validate these results.

Strengths and Limitations

Considering the current study, several factors can be mentioned that support and limit it. Firstly, although the topic of compassion has been researched to a large extent so far, the literature on the specific context of compassion in organisations has been scarce. Therefore, the current research offers new information and support on the importance of compassion in organisations for increasing positive mental well-being and decreasing distress. Next to this, the current study specifically shows how different kinds of compassion, namely from supervisors or from co-workers impacts positive mental well-being and distress in different kinds of organisations. Therefore, this research offers evidence for the kinds of compassion that are perceived and the different kinds of settings that are considered. We recommend future research to continue focusing on the different work settings and the different kind of compassions in order to increase the knowledge on *which* compassion *where* makes the most difference. Lastly, the excellent internal consistency that was found for the new instrument of compassion in organisations that is based on the research by Strauss et al. (2016) can be seen as a strong point of the current study. It is suggested that future research of compassion in organisation continues to use this new measure to validate and support its psychometric properties.

Besides the strengths of the current study, there are also several limitations that need to be considered. Firstly, because the study sample was a convenience sample, the study lacks representativeness. Therefore, the findings of this study cannot be generalized for the general population. Recommendations for future research are to conduct a study that includes a random sample, or a stratified sample based on the characteristics that are of importance. Another limitation is the definition and awareness of whether one's organisation is a profit or non-profit organisation. After the data collection, participants approached the researcher with the question when an organisation is a profit or non-profit organisation. It became clear that several employees from the same organisation indicated different answers to this question. Therefore, it is recommended for future research that the item asking whether the organisation is a profit or non-profit organisation includes a definition and examples of what profit or non-profit

organisations are. Lastly, due to the cross-sectional character of the current study, the findings of our study are only based on a snapshot in time and do not provide enough evidence to make causal inference (Levin, 2006). Therefore, a recommendation for future research is to apply other research designs. Future research could, for instance, focus on experimental or longitudinal studies to give more insight into the impact of compassion on employee's distress, positive mental well-being, and productivity. Specific recommendations for future studies are presented below.

Implications for Practice and Future Research

The findings of the current study suggest that more knowledge on the differences of the prevalence, impact and meaning of compassion in different organisations would be of value for future interventions that focus on enhancing compassion in organisations. Besides this, the study offers insight for organisations about the impact of compassion in organisation based on the type or size of the organisation. This knowledge can support HR-/management departments of organisations in their decision-making as to which intervention may be suitable and important for their organisation.

As the current study was exploratory it is recommended that this topic is generally further examined and investigated in future research. As outlined above, we recommend that future experimental studies are conducted to test if training in compassion for supervisors can actually (1) improve the perceived compassion by employees and (2) lead to decreased stress levels in employees and (3) lead to increases in positive mental well-being of employees. Besides this, experimental studies could test if focusing on compassion within teambuilding sessions increases the amount of compassion that is obtained from co-workers. Also, future research is needed to examine if and how received compassion by supervisors impacts employees' distress and positive mental well-being differently compared to received compassion by co-workers. In addition, future research could focus on the relation between care and non-profit organisations when it comes to compassion. Lastly, it would be of value for future interventions to examine whether other characteristics of organisations moderate the impact of compassion on employee's distress and positive mental well-being.

Conclusion

Overall, this study aimed to investigate the relationship of compassion in organisations and employees' distress and positive mental well-being, while taking the compassion giver, the type, and the size of the organisation into account. The current study shows that compassion

from supervisors might be important for decreasing employees' distress and compassion from co-workers for increasing employees' positive mental well-being. Besides this, larger organisations benefit greater with regards to compassion from co-workers compared to smaller organisations. Concluding, the findings of the current study suggest that compassion obtained by supervisor/co-workers can be valuable to counteract suffering differently, in diverse work settings.

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Appendix A

Constructed Items

Dutch items

Bent u werkzaam in de zorg?*

*hieronder wordt verstaan dat u in één van de volgende gebieden werkzaam bent: diagnostiek, therapie, preventie, revalidatie en het begeleiden en ondersteunen van patiënten en hun naasten

(voorbeelden zijn: werkzaam zijn in een ziekenhuis, een kliniek, een verpleeg- of verzorgingstehuis, een zorgcentrum, in de thuiszorg enz.)

- Ja
- Nee
-

Het bedrijf waar ik voor werk is een...

- Non-Profit-Organisatie (geen winstoogmerk)
- Profit-Organisatie (winstoogmerk)

German items

Arbeiten Sie im Pflegebereich*?

*Pflege = die aktive Mitarbeit des Pflegenden in den Bereichen **Diagnostik, Therapie,**

Prävention und Rehabilitation und u.a. die Beratung und Begleitung von Patienten und ihren Angehörigen. Wie zum Beispiel an einer Klinik, einem Pflegeheim oder ähnlichem.

- Ja
- Nein
-

Mein Unternehmen ist eine...

- Non-Profit-Organisation (nicht-gewinnorientierte Organisation) (1)
- Profit-Organisation (gewinnorientierte Organisation) (2)

English translation (not used for data collection)

Do you work in the care sector*?

- Yes
- No

*the care sector includes one of the following areas of work: diagnostics, therapy, prevention, rehabilitation and guiding and supporting patients and their families/their loved ones (examples are: working in a hospital, a clinic, a nursing or care home, a carecenter, in home care, etc.)'

The organisation/company I work for is a...

- Non-profit organisation
- Profit organisation