

REVIEW ARTICLE

Self-compassion in organizations: A review and future research agenda

Samantha J. Dodson¹  | Yu Tse Heng² ¹David Eccles School of Business, University of Utah, Salt Lake City, Utah, USA²Michael G. Foster School of Business, University of Washington, Seattle, Washington, USA**Correspondence**Samantha J. Dodson, David Eccles School of Business, University of Utah, 1655 S. Campus Drive, Salt Lake City, UT 84112, USA.
Email: samantha.dodson@utah.edu**Summary**

Burgeoning organizational research has begun to explore how self-compassion or the compassion individuals give to themselves in times of suffering may positively contribute to organizational outcomes. This review describes self-compassion and its theoretical underpinnings in a workplace context, systematically reviews the current empirical literature on self-compassion using samples of working adults, critically analyzes the current state of the literature, and provides recommendations for robust future research. In the process, we offer a dynamic, process-based conceptualization of self-compassion that aligns past research with current directions in organizational compassion and several suggestions for using a processual approach to improve theoretical and empirical rigor. We also guide future scholarly work surrounding self-compassion in organizations by highlighting fundamental research questions that could advance our theoretical understanding of self-compassion in organizational contexts.

KEYWORDS

compassion, self-compassion, suffering

1 | INTRODUCTION

Suffering is an inevitable aspect of organizational life (Dutton et al., 2014). Employees often experience negative emotions and thoughts at work, stemming from various workplace events, including toxic interactions with coworkers (Driver, 2007; Frost, 2003), failed business endeavors (Shepherd & Cardon, 2009), and the minutia of common mistakes (Chamberlain & Zika, 1990). Suffering can also stem from the nonwork domain and spill over into the work domain (Eby et al., 2016). Some examples include personal life difficulties (Lilius et al., 2008), as well as collective traumatic experiences such as natural disasters (Hochwarter et al., 2008) and global pandemics (Trogakos et al., 2020). In recent years, the practice of self-compassion in response to these negative experiences has piqued scholars' and practitioners' interest. Indeed, self-compassion, broadly defined as the compassion extended to one's self in instances of perceived inadequacy, failure, or suffering, has received increasing attention from scholars in several fields over the past decade, with particular emphasis placed on examining the relationship between

self-compassion and psychological functioning (Bluth & Neff, 2018). Copious evidence from psychology, education, and counseling suggest that acting as one's own source of comfort adds a distinct and unique contribution to positive functioning amid challenges (Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007; Neff & Davidson, 2016). Recently, self-compassion has started to gain traction in management research, in line with the popular opinion that self-compassion may help employees be happier, more successful, and better weather setbacks at work (Chen, 2018; Weiss, 2018).

We believe that a comprehensive review of the self-compassion literature in organizational contexts is particularly timely and valuable for two key reasons. First, we argue that viewing self-compassion through an organizational lens would elicit profound theoretical and practical insights on a promising way to facilitate better employee functioning amidst grief and strife. Workers often experience stress and a lack of well-being at work (Dewe et al., 2010), and in recent years, organizations have seen an uptick in incivility, covert discrimination, and other forms of workplace hostility and toxicity (Lennartz et al., 2019; Maestas et al., 2017). Additionally, the polarization of

political and ideological differences in the United States may aggravate tensions and potential social repercussions among coworkers (Johnson & Roberto, 2018). To add to these burdens, the global Covid-19 pandemic has led to a worldwide economic recession (Bureau of Labor Statistics, 2020) and exacerbated worker stress (Trougakos et al., 2020). Combined, the evidence suggests that many workers, whether gainfully employed or seeking employment, are experiencing turmoil. Importantly, without strategies and processes to help manage their suffering in times of distress, employees' mental health, physical well-being, and job performance can deteriorate (Dewe et al., 2010). Self-compassion has been proposed as an adaptive strategy for promoting well-being and positive psychological functioning, particularly in challenging times (Allen & Leary, 2010). Indeed, by conducting a systematic review of the current literature, we illuminate how self-compassion can improve employee health and performance outcomes amidst strife, providing evidence that self-compassion at work may not necessarily be at odds with organizational bottom lines (George, 2014; Simpson et al., 2015).

Second, our integrative review extends previous reviews by offering a conceptual framework that integrates the latest research and the predominant self-compassion theory (Neff, 2003a) with organizational perspectives on compassion. Past reviews on self-compassion have thoroughly elucidated empirical findings regarding self-compassion interventions (e.g., Conversano et al., 2020; Kotera & van Gordon, 2021; Rudaz et al., 2017), correlates (e.g., Raab, 2014; Sinclair et al., 2017), measures (e.g., Strauss et al., 2016), and definitions (e.g., Barnard & Curry, 2011). Although such reviews prove useful for explicating what has been studied, what remains lacking is a synthesis of extant findings into an updated conceptual framework that increases understanding of self-compassion in organizations and generates future research. We ameliorate this gap by developing an alternative conceptualization of self-compassion that aligns with the successful tripartite process model of compassion in organizations (Kanov et al., 2004). In doing so, we clarify crucial questions on how, why, and when self-compassion occurs at work and uncover untapped opportunities to extend organizational research.

In sum, the purpose of this article is to provide a compelling rationale for a greater focus on self-compassion as a predictive construct of organizational functioning, to offer a critical review of existing management research on self-compassion, and to provide a useful framework as well as recommendations for future research and theoretical expansion of self-compassion in organizations. This review is organized into the following sections. First, we discuss current conceptualizations and definitions of self-compassion in the general literature. Next, we present a systematic review of self-compassion at work, which we summarize into three themes: the antecedents that give rise to, the consequences that follow, and interventions that increase self-compassion. We then evaluate the current state of the literature, citing key areas for development. A vital contribution in the second half of this article is our introduction of a conceptualization of self-compassion that aligns with organizational compassion and addresses key limitations of current self-compassion theories. Finally, we look forward by offering recommendations to guide future management scholarship in this area.

2 | CONCEPTUALIZATION OF SELF-COMPASSION IN THE BROADER LITERATURE

Self-compassion was popularized in the early 2000s by educational psychologist Kristin Neff. The construct was initially conceptualized as a self-attitude entailing “three main components: (a) self-kindness, being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical; (b) common humanity, perceiving one's experiences as part of the larger human experience rather than seeing them as separating and isolating; and (c) mindfulness, holding painful thoughts and feelings in balanced awareness rather than over-identifying with them” (Neff, 2003a, p. 85). Since then, self-compassion research has increased exponentially over the years (see Figure 1).

2.1 | Conceptual distinctiveness

Self-compassion is distinct from similar constructs such as compassion, self-esteem, self-forgiveness, and self-pity. *Compassion* involves “noticing another's suffering, experiencing an emotional reaction to his or her pain, and acting to help ease or alleviate it” (Kanov et al., 2004, p. 810). Both self-compassion and compassion entail the provision of care, but the targets of care differ. Specifically, the recipient of self-compassion is the self, whereas the recipient of compassion is another individual.

Self-compassion is also conceptually distinct from *self-esteem*, defined as an individual's evaluation of self-worth (Rosenberg, 1979). Unlike self-esteem, which often involves performance evaluations made by oneself and others, self-compassion does not involve a self-evaluation process and instead entails a non-judgmental understanding of one's pain (Neff, 2003a). While self-compassion and self-esteem are similar in that both involve positive feelings about oneself, such positive feelings experienced by self-compassionate individuals are not linked to narcissistic self-enhancement, which is sometimes experienced by those with high self-esteem (Leary et al., 2007). Further, in a large-scale correlational study, Neff and Vonk (2009) found that self-compassion predicted more stable feelings of self-worth than self-esteem.

Self-compassion is also different than *self-forgiveness*; the latter defined as “a set of motivational changes whereby one becomes decreasingly motivated to avoid stimuli associated with the offense, decreasingly motivated to retaliate against the self (e.g., punish the self, engage in self-destructive behaviors), and increasingly motivated to act benevolently toward the self” (Hall & Fincham, 2005, p. 622). The key distinction between the two constructs lies in the trigger of self-forgiveness and self-compassion. Whereas self-forgiveness occurs in response to one's own wrongdoing, self-compassion can occur in response to a wider range of suffering experienced by the focal individual, including, but not limited to, wrongdoings.

Finally, self-compassion differs from *self-pity*, which is “a sympathetic, heartfelt sorrow for oneself prompted by one's own

Self-Compassion Google Scholar Search Results

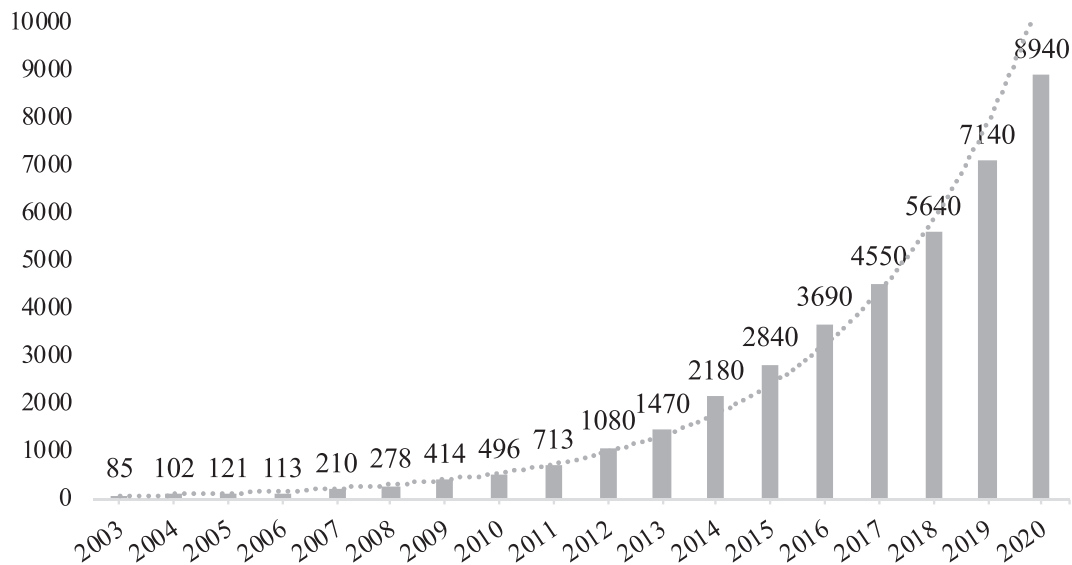


FIGURE 1 Self-compassion research from 2003 to 2020

physical or mental suffering, distress, or unhappiness” (Stöber, 2003, p. 185). Although self-pity and self-compassion are responses to one's suffering, self-pity often involves an egocentric experience that exaggerates suffering and encourages an overidentification with negative feelings. In contrast, self-compassion emphasizes that personal suffering is not a unique experience but common to the human experience (Neff, 2003a).

2.2 | Conceptual evolution

The construct of self-compassion has developed over time, consistent with the natural progression that happens as a body of literature matures (Kozlowski et al., 2017). However, because self-compassion gained traction so rapidly in many fields, the literature has grown disjointedly and presently lacks sufficient theoretical integration. To clarify the progression of the construct across the years and where the literature currently stands, we trace the construct's evolution, highlighting the major shifts in self-compassion conceptualizations over time.

Originally, self-compassion was defined as a self-attitude or a way people think of or relate to themselves (Neff, 2003b, 2008). Early work defining self-compassion as a self-attitude did not articulate the construct's stability or the extent to which it operates as a trait or state. However, as researchers started to converge toward using the self-compassion scale (SCS) for empirical research (Neff, 2003b), there was an accompanying shift to conceptualize self-compassion as a trait (e.g., Blackie & Kocovski, 2019; Neff et al., 2005; Neff, Kirkpatrick, & Rude, 2007; Svendsen et al., 2016; Waring & Kelly, 2019). Self-compassion as a trait appears to still be the dominant perspective adopted by scholars, and many have argued that certain individuals

are more predisposed to be self-compassionate than others (e.g., Waring & Kelly, 2019).

As self-compassion gained traction, researchers began to question whether self-compassion could be induced as a state. For instance, Leary et al. (2007) presented a set of studies examining self-compassion both as a trait and a state, showing that self-compassion could be both. Simultaneously, Adams and Leary (2007) conducted a study where they induced self-compassion, examining the extent to which such an intervention would reduce unhealthy eating. Presently, the treatment of self-compassion as a state is now rather common—social psychologists frequently manipulate state self-compassion in their experiments (e.g., Breines & Chen, 2012), and clinicians adopt self-compassion interventions to alleviate clinical symptoms (for a review, see Barnard & Curry, 2011). In other words, self-compassion is now frequently conceptualized as a dispositional trait, situationally induced state, and learnable skill (e.g., Neff & Germer, 2017; Rabon et al., 2019).

A subtle conceptualization shift has also occurred in the last 5 years, which may have arisen to account for the evidence of trait- and state-like properties. Scholars have increasingly embraced the idea that self-compassion is more dynamic than previously conceptualized. For instance, Neff (2016, p. 265) now conceptualizes self-compassion as “a dynamic system that represents a synergistic state of interaction between the key elements of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification.” Other scholars, such as Strauss et al. (2016) and Gilbert et al. (2017), also recently adopted a more processual view of self-compassion. In their conceptualizations, these researchers situated self-compassion within the overarching construct of compassion, wherein individuals can be compassionate in different directions—to others or the self. Of note, Strauss et al. (2016, p. 19) consider

TABLE 1 Papers included in systematic literature review ($N = 55$)

Author and year	Paper title	Constructs of interest measured	Study type	Data source	Sample size	Conceptualization	Industry
Abaci and Arda (2013)	Relationship between self-compassion and job satisfaction in white collar workers	Job satisfaction	Correlational	Cross-sectional single source	300	Trait	Business
Alkema et al. (2008)	A study of the relationship between self-care, compassion satisfaction, compassion fatigue, and burnout among hospice professionals	Compassion satisfaction, compassion fatigue, burnout	Correlational	Cross-sectional single source	37	Trait	Healthcare
Anjum et al. (2020)	Workplace mistreatment and emotional exhaustion: The interaction effects of self-compassion	Incivility, ostracism, emotional exhaustion	Correlational	Cross-sectional single source	310	Trait	Business
Atkinson et al. (2017)	Examining burnout, depression, and self-compassion in veterans affairs mental health staff	Burnout	Correlational	Cross-sectional single source	128	Trait	Mental health
Babenko et al. (2019)	Association of Physicians' self-compassion with work engagement, exhaustion, and professional life satisfaction	Work engagement, job satisfaction, exhaustion	Correlational	Cross-sectional single source	57	Trait	Healthcare
Barnard and Curry (2012)	The relationship of clergy burnout to self-compassion and other personality dimensions	Burnout	Correlational	Cross-sectional single source	75	Trait	Religion
Beaumont et al. (2016)	Does compassion-focused therapy training for health care educators and providers increase self-compassion and reduce self-persecution and self-criticism?	Intervention effectiveness	Experimental	Pretest/posttest no control group 3-day workshop	28	State	Healthcare
Bhayana and Ahuja (2015)	Entrepreneurship and self-compassion among working class of Delhi-NCR region	Entrepreneurship	Correlational	Cross-sectional single source	150	Trait	Business
Delaney (2018)	Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion (MSC) training program on Nurses' compassion fatigue and resilience	Compassion fatigue, compassion satisfaction, resilience	Experimental	Pretest/posttest no control group 8-week intervention	13	State	Healthcare
Dev et al. (2018)	Does self-compassion mitigate the relationship between burnout and barriers to compassion? A cross-sectional quantitative study of 799 nurses	Burnout, compassion fatigue	Correlational	Cross-sectional single source	799	Trait	Healthcare
			Correlational	Cross-sectional	450	Trait	Business

TABLE 1 (Continued)

Author and year	Paper title	Constructs of interest measured	Study type	Data source	Sample size	Conceptualization	Industry
Di Fabio and Saklofske (2021)	The relationship of compassion and self-compassion with personality and emotional intelligence	Trait emotional intelligence, personality		multiple sources			
Duarte and Pinto-Gouveia (2016)	Effectiveness of a mindfulness-based intervention on oncology Nurses' burnout and compassion fatigue symptoms: A non-randomized study	Compassion fatigue, burnout, stress	Experimental	Pretest/posttest Waitlist control group 6-week intervention	48	State	Healthcare
Duarte and Pinto-Gouveia (2017a)	Mindfulness, self-compassion and psychological inflexibility mediate the effects of a mindfulness-based intervention in a sample of oncology nurses	Compassion fatigue, burnout, stress	Experimental	Pretest/posttestwaitlist control group 6-week intervention	48	State	Healthcare
Duarte and Pinto-Gouveia (2017b)	The role of psychological factors in oncology Nurses' burnout and compassion fatigue symptoms	Burnout, compassion fatigue, compassion satisfaction	Correlational	Cross-sectional single source	221	Trait	Healthcare
Duarte, Pinto-Gouveia, and Cruz (2016)	Relationships between Nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study	Compassion satisfaction, compassion fatigue	Correlational	Cross-sectional single source	280	Trait	Healthcare
Durkin et al. (2016)	A pilot study exploring the relationship between self-compassion, self-judgement, self-kindness, compassion, professional quality of life and wellbeing among UK Community nurses	Burnout	Correlational	Cross-sectional single source	37	Trait	Healthcare
Egan et al. (2019)	'You before me': A qualitative study of health care Professionals' and Students' understanding and experiences of compassion in the workplace, self-compassion, self-care and health Behaviours	N/A	Qualitative	Semi-structured interviews	23	Process	Healthcare
Franco and Christie (2021)	Effectiveness of a one day self-compassion training for pediatric Nurses' resilience	Resilience	Experimental	Cross-sectional single source	22	State	Healthcare
Gerber and Anaki (2021)	The role of self-compassion, concern for others, and basic psychological needs in the reduction of caregiving burnout	Compassion, burnout	Correlational	Cross-sectional single source	109	Trait	Healthcare
Ghorbani et al. (2018)	Self-compassion, mental health and work ethics: Mediating role of self-	Stress, depression	Correlational	Cross-sectional single source	114	Trait	Business

(Continues)

TABLE 1 (Continued)

Author and year	Paper title	Constructs of interest measured	Study type	Data source	Sample size	Conceptualization	Industry
Gracia-Gracia & Oliván-Blázquez (2017)	compassion in the correlation between work stress and mental health Burnout and mindfulness self-compassion in nurses of intensive care units: Cross-sectional study	Burnout	Correlational	Cross-sectional single source	68	Trait	Healthcare
Hashem and Zeinoun (2020)	Self-compassion explains less burnout among healthcare professionals	Burnout	Correlational	Cross-sectional single source	93	Trait	Healthcare
Heffernan et al. (2010)	Self-compassion and emotional intelligence in nurses	Emotional intelligence	Correlational	Cross-sectional single source	135	Trait	Healthcare
Henshall et al. (2018)	The relationship between perceived Organisational threat and compassion for others: Implications for the NHS	Compassion	Correlational	Cross-sectional multiple sources	276	Trait	Healthcare
Horan and Taylor (2018)	Mindfulness and self-compassion as tools in health behavior change: An evaluation of a workplace intervention pilot study	Intervention effectiveness	Experimental	Pretest/posttest no control group 10-week intervention	24	State	Education
Hotchkiss (2018)	Mindful self-care and secondary traumatic stress mediate A relationship between compassion satisfaction and burnout risk among hospice care professionals	Self-care, compassion satisfaction, burnout	Correlational	Cross-sectional single source	324	Trait	Healthcare
Hotchkiss and Leshner (2018)	Factors predicting burnout among chaplains: Compassion satisfaction, organizational factors, and the mediators of mindful self-care and secondary traumatic stress	Self-care, burnout	Correlational	Cross-sectional single source	534	Process	Religion
Jennings (2015)	Early childhood Teachers' well-being, mindfulness, and self-compassion in relation to classroom quality and attitudes towards challenging students	N/A	Qualitative	Semi-structured interviews	35	Trait	Education
Kaurin et al. (2018)	Self-compassion buffers the link between self-criticism and depression in trauma-exposed firefighters	Depression	Correlational	Cross-sectional single source	123	Trait	Public service
Kemper et al. (2015)	Are mindfulness and self-compassion associated with sleep and resilience in health professionals?	Sleep quality, resilience	Correlational	Cross-sectional single source	213	Trait	Healthcare

TABLE 1 (Continued)

Author and year	Paper title	Constructs of interest measured	Study type	Data source	Sample size	Conceptualization	Industry
Killian (2008)	Helping till it hurts? A Multimethod study of compassion fatigue, burnout, and self-Care in Clinicians Working with trauma survivors	Self-care, compassion satisfaction, compassion fatigue, burnout	Correlational/ qualitative	Cross-sectional semi-structured interviews single source	124	Trait	Mental health
Kotera et al. (2019)	Mental health shame of UK construction workers: Relationship with masculinity, work motivation, and self-compassion	Mental health	Correlational	Cross-sectional single source	155	Trait	Business
Kotera et al. (2021)	Mental health of medical Workers in Japan during COVID-19: Relationships with loneliness, Hope and self-compassion	Depression, loneliness	Correlational	Cross-sectional multiple sources	280	Trait	Healthcare; business
Kreemers et al. (2018)	Dealing with negative job search experiences: The beneficial role of self-compassion for job Seekers' affective responses	Negative affect	Correlational/ longitudinal	Cross-sectional multiple sources	326	Trait	N/a
Lefebvre et al. (2020)	Self-compassion at work: A key for enhancing well-being and innovation through social safeness at multiple levels	Innovation, well-being	Longitudinal	Cross-sectional single source	101	Trait	Business
Lewis and Ebbeck (2014)	Mindful and self-compassionate leadership development: Preliminary discussions with Wildland fire managers	Resilience	Qualitative	Focus group interviews	39	Trait	Public service
Lianekhammy et al. (2018)	Exploring the self-compassion of health-care social workers: How do they fare?	Demographic, occupational characteristics	Correlational	Cross-sectional single source	138	Trait	Mental health
Mahon et al. (2017)	Nurses' perceived stress and compassion following a mindfulness meditation and self compassion training	Stress	Experimental	Pretest/posttest no control group 6–8 week intervention	64	State	Healthcare
Marx et al. (2014)	The eye of the storm: A feasibility study of an adapted mindfulness-based cognitive therapy (MBCT) group intervention to manage NHS staff stress	Intervention effectiveness, stress	Experimental	Pretest/posttest no control group 3-month posthoc testing	18	State	Healthcare
Montero-Marin et al. (2016)	Burnout subtypes and absence of self-compassion in primary healthcare professionals: A cross-sectional study	Burnout	Correlational	Cross-sectional single source	440	Trait	Healthcare

(Continues)

TABLE 1 (Continued)

Author and year	Paper title	Constructs of interest measured	Study type	Data source	Sample size	Conceptualization	Industry
Patsiopoulos and Buchanan (2011)	The practice of self-compassion in counseling: A narrative inquiry	N/A	Qualitative	Semi-structured interviews	15	Process	Mental health
Prudenzi et al. (2021)	Wellbeing, burnout, and safe practice among healthcare professionals: Predictive influences of mindfulness, values, and self-compassion	Burnout, well-being, mindfulness	Correlational	Cross-sectional single source	98	Trait	Healthcare
Raab et al. (2015)	Mindfulness-based stress reduction and self-compassion among mental healthcare professionals: A pilot study	Intervention effectiveness	Experimental	Pretest/posttest no control group 8-week intervention	22	State	Mental health
Rafique et al. (2018)	Role of self-compassion in work–family conflict and psychological well-being among working men and women	Work–family conflict, well-being	Correlational	Cross-sectional single source	300	Trait	Business
Reizer (2019)	Bringing self-kindness into the workplace: Exploring the mediating role of self-compassion in the associations between attachment and organizational outcomes	Job performance, turnover intentions, emotional exhaustion	Correlational	Cross-sectional single source	202	Trait	Business
Scarlet et al. (2017)	The effects of compassion cultivation training (CCT) on health-care workers	Intervention effectiveness	Experimental	Pretest/posttest waitlist control group 8-week intervention 1-month posthoc testing	62	State	Healthcare
Schabram and Heng (2021)	How other- and self-compassion reduce burnout through resource replenishment	Burnout, compassion	Longitudinal	Multiple sources	230	Process	Business
Shapiro et al. (2005)	Mindfulness-based stress reduction for health care professionals: Results from a randomized trial	Intervention effectiveness	Experimental	Pretest/posttest waitlist control group 8-week intervention	38	State	Healthcare
Slatyer et al. (2018)	Evaluating the effectiveness of a brief mindful self-care and resiliency (MSCR) intervention for nurses: A controlled trial	Intervention effectiveness	Experimental	Pretest/posttest Waitlist control group 1-week intervention 6-month posthoc testing	91	State	Healthcare
Vaillancourt and Wasylikiw (2019)	The intermediary role of burnout in the relationship between self-compassion and job satisfaction among nurses	Burnout, sleep quality, job satisfaction	Correlational	Cross-sectional single source	158	Trait	Healthcare

TABLE 1 (Continued)

Author and year	Paper title	Constructs of interest measured	Study type	Data source	Sample size	Conceptualization	Industry
van der Meulen et al. (2021)	Mindfulness and self-compassion as mediators of the Mindful2Work training on perceived stress and chronic fatigue	Stress, fatigue	Experimental	Pretest/posttest no control group 6-week intervention	124	State	Business
Voci et al. (2016)	Dispositional mindfulness and self-compassion as predictors of work-related well-being	Job satisfaction, turnover intentions, burnout	Correlational	Cross-sectional single source	140	Trait	N/A
Waldron and Ebbeck (2015)	The relationship of mindfulness and self-compassion to desired Wildland fire leadership	Leadership	Correlational	Cross-sectional multiple sources	289	Trait	Public service
Wayment et al. (2018)	Self-rated health among unemployed adults: The role of quiet ego, self-compassion, and post-traumatic growth	Health	Correlational	Cross-sectional multiple sources	233	Self-attitude	N/A
Yip et al. (2017)	The mediating role of self-compassion between mindfulness and compassion fatigue among therapists in Hong Kong	Compassion, burnout	Correlational	Cross-sectional single source	77	Trait	Mental health

compassion to be “a cognitive, affective, and behavioral process consisting of the following five elements that refer to both self- and other-compassion: 1) Recognizing suffering; 2) Understanding the universality of suffering in human experience; 3) Feeling empathy for the person suffering and connecting with the distress (emotional resonance); 4) Tolerating uncomfortable feelings aroused in response to the suffering person (e.g., distress, anger, fear) so remaining open to and accepting of the person suffering; and 5) Motivation to act/acting to alleviate suffering.” Similarly, Gilbert et al. (2017) consider compassion to entail two interdependent and interacting sets of competencies (compassionate engagement and compassionate action) that can be directed to others or the self.

In all, researchers today now vary significantly in how they conceptualize and operationalize self-compassion in their respective studies, ranging from self-compassion as a self-attitude, trait, state, or dynamic process. In the broader literature, consensus on an overarching self-compassion conceptualization or model has not been achieved (Muris & Otgaar, 2020). The lack of consensus in self-compassion conceptualizations is similarly evident within the field of organizational behavior, wherein researchers adopt several different conceptualizations in their studies of self-compassion in working populations (see Table 1).

3 | SYSTEMATIC LITERATURE REVIEW

3.1 | Literature search method

To systematically identify all relevant research on self-compassion in the workplace, we conducted an electronic literature search using Google Search, PsycINFO, PsycARTICLES, Web of Science, PubMed, Education Resources Information Center (ERIC), and ProQuest Dissertations and Theses using the following keywords: “self-compassion” (e.g., self-compassion, self-compassion, self-compassionate) and “work,” “workplace,” “occupation,” “employment,” “job,” and “career.” From the initial results, we applied four additional criteria to assess the relevance of the studies. Articles were required to be empirical, published in English in a peer-reviewed journal, and utilized at least one sample of workers. Once texts were screened for relevance, the process resulted in 55 articles for review. Articles utilized quantitative (51 articles) and qualitative (four articles) data. The deliberate sample selection enabled us to capture the unique effects of self-compassion on employees' behavior at work rather than students' behavior in achievement contexts or patients' outcomes in counseling settings (Johns, 2006). In doing so, we show how self-compassion distinctively contributes to workplace functioning.

3.2 | Key themes of workplace self-compassion research

Following our comprehensive literature search, we organized the current state of knowledge into several converging themes. We first

identify the key antecedents addressed in the current literature. Our review revealed two focal groups of antecedents: (1) individual factors (dispositional characteristics, demographics) and (2) contextual factors (organizational support, employee workload). Second, we identify two focal clusters of outcomes related to self-compassion at work: (1) intrapersonal outcomes (mental and physical health, resilience, job satisfaction, job performance) and (2) interpersonal outcomes (compassion fatigue, compassion satisfaction, coworker/supervisor relationships). Finally, we identify training and intervention practices that have proved effective in increasing self-compassion in work contexts. For each theme, we review the current findings from the systematic literature review utilizing workplace populations. When necessary, we add to the review's robustness by supplementing organizational findings with extant research from social and clinical psychology. We present a framework for understanding the workplace self-compassion literature in Figure 2.

3.3 | Antecedents of self-compassion

Prior research has primarily focused on how individual and contextual factors influence self-compassion at work. We categorize the individual antecedents of self-compassion into two main areas: dispositional characteristics and demographics. Aspects of the work context can also influence self-compassion, although there is considerably less work on the contextual influences of employee self-compassion vis-à-vis individual influences. We categorize contextual antecedents into two key areas: organizational support and employee workload.

3.3.1 | Individual factors

Dispositional characteristics

In psychology research, self-compassion has been associated with certain personality traits; for instance, individuals who report higher agreeableness, extroversion, and conscientiousness are more likely to exhibit higher self-compassion; conversely, neuroticism seems

to diminish self-compassion (Neff, Rude, & Kirkpatrick, 2007). Some organizational research similarly supports the notion that personality traits influence one's self-compassion (Di Fabio & Saklofske, 2021). Trait emotional intelligence, or the constellation of emotional self-perceptions and affective aspects of personality (Petrides et al., 2007), has also been linked to self-compassion in multiple studies (Di Fabio & Saklofske, 2021; Heffernan et al., 2010). Another dispositional characteristic linked to self-compassion in organizational contexts is one's attachment to the workplace; Reizer (2019) found that avoidance of attachment to others at work was negatively associated with self-compassion.

Demographics

A range of demographic factors has also been linked to workplace self-compassion. For instance, older individuals and those with more work experience tend to be more self-compassionate (Lianekhammy et al., 2018). These results are consistent with extant psychology-based self-compassion research, which has consistently found links between age and self-compassion (Neff & Vonk, 2009). Broader research suggests that other demographic factors may influence self-compassionate responding. For example, a meta-analysis indicates that males report slightly higher scores on the SCS than females (Yarnell et al., 2015), although research is needed to establish whether this pattern holds in workplace contexts. Research across different cultures also suggests that cultural upbringing may influence the likelihood of general self-compassion (Neff et al., 2008) and the perceived usefulness of self-compassion at work (Bhayana & Ahuja, 2015; Ghorbani et al., 2018).

3.3.2 | Contextual factors

Organizational support

Our appraisal of the literature revealed how the organization could influence employee self-compassion. In particular, the findings suggest that employees may need to feel supported by others in their efforts to be self-compassionate. For example, Killian (2008) reported that

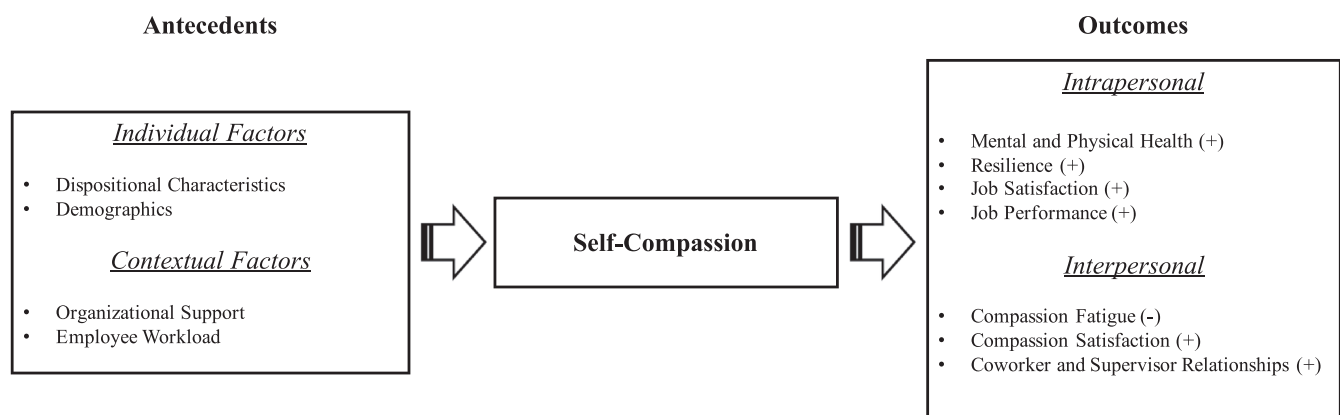


FIGURE 2 Summary of antecedents and consequences of self-compassion in organizations

clinicians felt that they were more able to engage in self-compassion when surrounded by supportive coworkers and supervisors willing to process traumatic cases and provide help and advice. Similarly, Hotchkiss and Lesher (2018) found a strong correlation between self-compassion and the extent to which clergy felt that their organizational structure and relationships were supportive.

Employee workload

A more structural, contextual factor that influences employees' ability to engage in self-compassion is their workload, as it affects the amount of bandwidth employees have to engage in self-care at work. The constant conflict between available time in the day and the amount of work one must complete was reported as a common barrier to self-compassion (Egan et al., 2019). Qualitative responses suggested that this lack of time to take care of oneself may be contributing to poor health outcomes (e.g., sleep and nutrition) and increased stress (Egan et al., 2019). Importantly, feeling bogged down by organizational systems and overwhelmed by one's workload was strongly linked to burnout (Hotchkiss & Lesher, 2018).

3.4 | Consequences of self-compassion

Self-compassion has positive relationships with several intrapersonal factors that are relevant to one's organizational experience. Specifically, self-compassion has been positively associated with well-being factors, such as better mental and physical health outcomes, resources that help maintain well-being (i.e., resilience), and job-related attitudes (i.e., job satisfaction) and results (i.e., job performance). Self-compassion is also positively related to better interpersonal outcomes between workers and their clients or patients. In particular, scholars have focused on the effects of self-compassion on two outcomes commonly experienced by those in caregiver roles: compassion fatigue and compassion satisfaction. Preliminary evidence also suggests that self-compassion may lead to improved coworker and supervisor relationships.

3.4.1 | Intrapersonal outcomes

Mental and physical health

Self-compassion studies utilizing working populations show a meaningful correlation between self-compassion and mental health markers, such as depression symptoms (Ghorbani et al., 2018; Kotera et al., 2019, 2021). Kaurin et al. (2018) report that self-compassion reduces the likelihood of negative thoughts leading to depressive feelings, particularly for workers exposed to traumatic events over time. Rafique et al. (2018) found that self-compassion attenuates the adverse effect of work-family conflict on psychological well-being. Interestingly, some studies have focused specifically on how self-compassion may improve or maintain the mental health of unemployed adults who often experience negative emotions and decreased mental health related to the number of painful experiences they

encounter in a job search (McKee-Ryan et al., 2005). The studies in our review suggest that job seekers high in self-compassion experience more positive affect and less negative affect, and lower psychological distress during job search episodes, than those low in self-compassion (Kreemers et al., 2018; Wayment et al., 2018).

An aspect of mental health that has been consistently linked to self-compassion in working samples—particularly caregiving populations (e.g., Raab, 2014; Sinclair et al., 2017)—is burnout, or state of emotional, physical, and mental exhaustion (Maslach & Jackson, 1984). Consistent with previous reviews of the self-compassion literature, our review suggests that self-compassion correlates moderately to strongly with lower levels of burnout (Alkema et al., 2008; Barnard & Curry, 2012; Beaumont et al., 2016; Durkin et al., 2016; Gerber & Anaki, 2021; Gracia-Gracia & Oliván-Blázquez, 2017; Hashem & Zeinoun, 2020; Montero-Marin et al., 2016; Prudenzi et al., 2021). Indeed, Atkinson et al. (2017) and Hashem and Zeinoun (2020) similarly found that self-compassion was the strongest predictor of decreased burnout levels, above and beyond depressive symptoms and other demographic variables. Self-compassion appears to be most strongly—and negatively—related to the emotional exhaustion aspect of burnout (i.e., the feeling of being emotionally extended and exhausted from work; Maslach et al., 1986). Schabram and Heng (2021) found that self-compassion specifically remedies the exhaustion component of burnout in a longitudinal study of care workers and an experience sampling experiment. Because the relationship between self-compassion and burnout is primarily correlational, some scholars have suggested that decreased self-compassion may be a downstream consequence of increased burnout (Atkinson et al., 2017). However, intervention studies have found decreased burnout following self-compassion training, supporting the idea that cultivating self-compassion decreases work-related burnout (e.g., Delaney, 2018; Duarte & Pinto-Gouveia, 2016; Schabram & Heng, 2021).

Self-compassion has also been found to improve other aspects of employees' physical health. For example, in a sample of unemployed adults, participants high in self-compassion were more likely to report better physical health than those low in self-compassion (Wayment et al., 2018). In addition, multiple studies found that self-compassion is positively related to sleep quality—a vital health behavior that directly impacts employees' physical health (Kemper et al., 2015; Vaillancourt & Wasylkiw, 2019). Moreover, in a sample of university employees, Horan and Taylor (2018) demonstrated the efficacy of self-compassion training in facilitating employees' health behavior change. This training focused on developing mindful and self-compassionate nutrition, exercise, and stress management practices. As a result, employees experienced several physical health and health behavior improvements, including improved fitness markers (e.g., increased muscular endurance, reduced abdominal circumference) and healthier dietary choices (e.g., less dietary fat consumption, more mindful eating habits). Finally, self-compassion may help employees manage their stress levels; van der Meulen et al.'s (2021) intervention study of working professionals indicated that self-compassion might reduce feelings of stress and chronic mental and physical fatigue.

Resilience

A commonly discussed way self-compassion improves psychological functioning is by enabling people to develop emotional resilience (Neff & Dahm, 2015). Carrying this concept to the workplace, the literature indeed bolsters the idea that self-compassion promotes resilience at work. For instance, Lewis and Ebbeck (2014) determined that self-compassionate workers could better draw upon their resources and knowledge when facing difficult decisions. Similarly, Kemper et al. (2015) found a strong, positive correlation between self-compassion and resilience; moreover, self-compassion was a stronger predictor of resilience than mindfulness or mental health markers. Self-compassion training has also been linked to improved resilience (Delaney, 2018; Franco & Christie, 2021).

Job satisfaction

A few studies indicated that self-compassion is positively linked to job satisfaction. For example, Abaci and Arda (2013) found a moderate, positive correlation in a sample of white-collar workers. In other research, self-compassion was the strongest predictor of job satisfaction beyond affective commitment and tenure (Voci et al., 2016), and mediation models suggest that self-compassion may foster job satisfaction indirectly via less burnout (Vaillancourt & Wasylkiw, 2019). Interestingly, mental health counselors reported in interviews that the benefits of longer term self-compassion practices included improved job satisfaction but implied that this benefit was derived from less burnout (Patsiopoulos & Buchanan, 2011).

It is important to note that findings on the relationship between self-compassion and job satisfaction are inconsistent. For instance, Heffernan et al. (2010) found no correlation between job satisfaction and self-compassion. Likewise, a compassion cultivation intervention study in a healthcare setting significantly increased self-compassion scores but had no significant effect on job satisfaction (Scarlet et al., 2017). Thus, some results seem promising, but inconsistencies indicate that more work is necessary to determine the extent to which self-compassion influences job satisfaction and the boundary conditions of this relationship.

Job performance

Initial empirical findings suggest a moderate connection between self-compassion and job performance. Reizer (2019) found that self-compassion mediates the relationship between attachment styles and job performance, organizational citizenship behaviors, turnover intentions, and emotional exhaustion. Similarly, Babenko et al.'s (2019) findings indicate that self-compassion is associated with increased job engagement and decreased emotional and cognitive exhaustion. Dev et al. (2018) found that self-compassion lowered the perceptions of barriers to compassion, potentially making it easier for care workers to deliver compassionate patient care. Similarly, qualitative research on elementary school teachers indicates that those high in self-compassion felt more able to provide emotional support to their challenging students (Jennings, 2015). Finally, individual self-compassion may lead to improvements in-group functioning. For instance, Lefebvre et al. (2020) found that self-compassion indirectly

increased group- and individual-level innovation by increasing individual member's sense that they were safe in their relationships with their team members.

3.4.2 | Interpersonal outcomes

Compassion fatigue

Compassion fatigue is defined as secondary traumatization related to prolonged exposure to others' suffering (Figley, 1995). Compassion fatigue is linked to several symptoms detrimental to personal health and organizational performance, such as lowered concentration, irritability, work absenteeism, and decreased job satisfaction (Figley, 2002). Like burnout, self-compassion is consistently and negatively associated with compassion fatigue (Duarte & Pinto-Gouveia, 2016, 2017b); some research even suggests that the absence of self-compassion may be related to increased secondary trauma (Yip et al., 2017). In a randomized, controlled training intervention, participants' posttest compassion fatigue scores were negatively correlated with self-compassion and showed a significant decline in secondary trauma, compared to pretest scores (Delaney, 2018), providing initial causal evidence for this relationship. Further, Duarte and Pinto-Gouveia's (2016) findings suggest that self-compassion may be a protective buffer against compassion fatigue, although more work is needed to confirm this effect. Finally, certain compassionate self-care response strategies at work have been linked with decreased compassion fatigue, such as processing trauma with peers or supervisors and engaging in health-related behaviors (Alkema et al., 2008; Killian, 2008).

Compassion satisfaction

Compassion satisfaction encompasses the emotional rewards of caring for others in a work capacity (Slocum-Gori et al., 2013) and may offset the risks of compassion fatigue (Stamm, 2002). Self-compassion is positively associated with compassion satisfaction in several care professions (Alkema et al., 2008; Duarte & Pinto-Gouveia, 2017b; Hotchkiss, 2018). In particular, self-compassionate responding, often operationalized as self-care, may be a crucial factor in whether an individual experiences compassion satisfaction. In one study of therapists, self-care strategies associated with increased compassion satisfaction included finding social support and holding appropriate work hours (Killian, 2008). Similarly, Hotchkiss (2018) found that self-care was positively related to compassion satisfaction; importantly, self-care mediated the relationship between compassion satisfaction and burnout, suggesting that self-compassion can facilitate positive outcomes from caring for others.

Coworker and supervisor relationships

Neff and Davidson (2016) argue that self-compassionate individuals are less likely to harm their interpersonal relationships due to their lower tendency to engage in self-evaluation. Consistent with this idea, findings in psychology suggest that self-compassionate individuals exhibit stronger relationship skills, such as compromise and helping

behaviors (Crocker & Canevello, 2008; Yarnell & Neff, 2013). Preliminary evidence suggests these effects may spill over into the organization. For instance, Henshall et al.'s (2018) findings support the idea that self-compassion is positively related to compassion for others at work.

Moreover, Lefebvre et al.'s (2020) time-lagged study provides initial causal evidence that self-compassion is positively linked to individual- and group-level social safeness and indirectly increases group-level well-being. A cross-sectional study also revealed that those who exhibit high levels of self-compassion experience less emotional exhaustion following negative coworker interactions (Anjum et al., 2020). Finally, in a firefighting crew sample, Waldron and Ebbeck (2015) found that supervisors who self-reported higher self-compassion tended to be rated as more effective leaders by followers. The cumulative evidence supporting the idea that self-compassion can improve workplace relationships is rudimentary, but initial findings allude to exciting possibilities for improved relationships across organizational levels.

3.5 | Self-compassion trainings and interventions

Although adjacent to the identified antecedents and consequences, we felt it would be valuable to future self-compassion scholars to summarize the training and intervention practices that have proved effective in increasing self-compassion in work contexts. In the past decade, the growing interest in self-compassion has led to various therapies and interventions that show promise for organizational implementation (see Kirby, 2017, for a review). For instance, Neff and Germer (2013) developed the mindful self-compassion (MSC) training program, in which participants meet weekly for 8 weeks. This program implements group discussions, experiential exercises, and meditations to increase self-compassionate thoughts and teach skills for incorporating self-compassion into daily routines. Research on workers enrolled in MSC training programs suggests that such programs may increase self-compassion levels up to 6 months after the program (Delaney, 2018; Slatyer et al., 2018). Similar courses based on mindfulness-based stress reduction (MBSR; see Grossman et al., 2004, for a review) and compassion cultivation training (Jazaieri et al., 2013) have shown similar effectiveness in increasing employee self-compassion when administered in a workplace setting (Duarte & Pinto-Gouveia, 2016, 2017a; Marx et al., 2014; Raab et al., 2015; Scarlet et al., 2017; Shapiro et al., 2005). In their meta-analysis of 27 studies of healthcare professionals, Wasson et al. (2020) found that mindfulness-based interventions show a moderate effect size between pretreatment and posttreatment comparisons of self-compassion scores consistent with previous meta-analyses (e.g., Kirby et al., 2017).

Employees may obtain similar gains in self-compassion through shorter interventions than 8-week courses. Mahon et al. (2017) conducted versions of MSC training with hospital nurses and found increases in reported self-compassion after course completion, but no significant differences in posttest self-compassion scores between

those who participated in 6-week versus 8-week programs. Employee improvements in self-compassion have also been recorded following 1- to 3-day workshops (e.g., Beaumont et al., 2016; Franco & Christie, 2021). Wasson et al.'s (2020) meta-analysis did not find any notable differences between trainings that differed in the total number of hours or sessions, intervention characteristics (i.e., traditional vs. modified), or delivery method (i.e., online vs. in-person).

Relatedly, many of the self-compassion interventions acknowledged in this review vary in content, delivery mode, and quality, making it challenging to compare results across samples directly. Kirby et al. (2017) were unable to determine how intervention type (e.g., MSC and MBSR) may influence intervention effectiveness due to the small number of published studies per type. Moreover, only a small subset of the studies we and others (e.g., Kirby, 2017; Kotera & van Gordon, 2021; Rudaz et al., 2017; Wasson et al., 2020) included in reviews analyzed interventions explicitly focused on self-compassion as the primary outcome. Thus, more work is needed to determine which organizational interventions are most likely to influence employees' self-compassion positively. Nonetheless, these studies indicate that baseline rates of self-compassion can shift following compassion- or mindfulness-based interventions, suggesting that organizations can help provide potentially useful tools that enable employees to develop self-compassion-related skills.

4 | ANALYSIS OF THE CURRENT STATE OF THE LITERATURE

Our literature review revealed that organizational researchers have accumulated evidence on how self-compassion relates to several antecedents, outcomes, and interventions, confirming the promise of self-compassion as a timely and worthwhile topic. At the same time, we identified opportunities to improve the organizational self-compassion literature's theoretical and methodological rigor. In this section, we critically analyze the accumulated self-compassion research to call attention to missing theoretical puzzle pieces that, if addressed, would provide promising opportunities for advancing self-compassion research in the organizational sciences.

We start by introducing three key theoretical limitations that present development opportunities. First, the rapid proliferation of research following Neff's (2003a) seminal theory has resulted in a literature that has outgrown the initial conceptualization of self-compassion as a self-attitude. Second, evidence that self-compassion is more dynamic than earlier assumed raises questions about the experience and interrelatedness of self-compassion facets. Third, the burgeoning ways in which researchers have operationalized self-compassion (e.g., mental, social, and physical) has created a need for self-compassion scholars to refine our characterizations of what self-compassion *is* and *is not*.

Additionally, the highly intertwined nature of theory and empirics warrants a closer examination of the methods and empirics of self-compassion research. We are concerned that methodological weaknesses present in extant organizational self-compassion studies

might be stalling theoretical expansion. We specifically propose two areas for empirical improvement that are critical to developing robust future research streams: first, methodological designs limit the self-compassion literature from realizing its full potential, and second, empirical inconsistencies of self-compassion studies raise concerns about the leading self-compassion measure.

4.1 | Limitations of self-compassion conceptualizations and theory

First, the literature has outgrown Neff's (2003a) conceptualization of self-compassion, which does not account for the various treatments of self-compassion that have arisen. The original conceptualization of self-compassion suggests that it is a relatively stable construct. Neff initially defined self-compassion as a self-attitude (Neff, 2003b, 2008), and the items of the SCS treat the phenomenon as a stable trait (Neff, 2003b). Over time, scholars have considered self-compassion to be more malleable, finding that self-compassion can increase following interventions and trainings (e.g., Wasson et al., 2020) and be momentarily induced (Adams & Leary, 2007; Leary et al., 2007). However, the prevailing self-attitude definition of self-compassion (Neff, 2003a) does not elucidate whether trait and state operationalizations of self-compassion are equivalent and comparable. Moreover, we found no theoretical argument or empirical evidence in the reviewed articles that address whether trait and state self-compassion are the same, and if not, how they differ.

Second, the evidence that self-compassion might be more dynamic and malleable than assumed revealed a lack of clarity on how exactly self-compassion manifests. Neff (2016) considers the key dimensions of self-compassion (e.g., mindfulness, common humanity, and self-kindness) as synergistically interrelated with the ability to influence one another, but the interrelationships across dimensions have not received proper empirical attention to confirm this postulation. It seems to be implied, for instance, that mindfulness can increase self-kindness, and some empirical work supports this idea (e.g., van der Meulen et al., 2021), but such assumptions have generally not been explicitly tested in self-compassion research. Most research continues to assess self-compassion facets at one common time point and combines the facets into a higher order construct or includes the facets as separate, simultaneous predictors (e.g., Di Fabio & Saklofske, 2021; Gerber & Anaki, 2021; Lianekhammy et al., 2018) without testing or discussing the causal relationships. Taking this approach has resulted in many unanswered questions regarding the interrelatedness of mindfulness, common humanity, and self-kindness. Do all the dimensions happen at the same time? Do all the dimensions need to happen for self-compassion to occur? Is there an order to which individuals experience the self-compassion dimensions, and if so, does the order matter? What emotions, cognitions, or behaviors are self-compassionate? Relatedly, treating the three facets of self-compassion as simultaneously occurring phenomena has widened an unnecessary gap between self-compassion and other organizational models of response following negative workplace

events, which often propose a chain reaction of emotions, cognitions, and behaviors (e.g., Douglas et al., 2008; Dutton et al., 2014; Oh & Farh, 2017).

Finally, we believe that researchers differentially operationalizing self-compassion manifestations have created an opportunity to refine what self-compassion *is*. In the widely used SCS, Neff (2003b) operationalized self-compassion as an intrapsychic reaction following negative emotions. This was the case even for the self-kindness dimension—arguably the most action-oriented dimension vis-à-vis mindfulness and common humanity—and the items assess caring, tender, and patient feelings toward oneself. Extant research, however, shows that self-compassionate responses can also be behavioral forms of self-care, including physical (e.g., yoga, exercise), social (e.g., talking with coworkers), and mental (e.g., writing, meditation) activities which can occur in or outside of the workplace (Alkema et al., 2008; Egan et al., 2019; Schabram & Heng, 2021; van der Meulen et al., 2021). Indeed, Schabram and Heng's (2021) open-ended measures uncovered a wide variety of self-compassionate actions employees take to alleviate work-related pain. For instance, one participant listened to uplifting music to wind down after dealing with a difficult group member, whereas another participant reported treating themselves to a nice meal after finishing a project they struggled to complete. We argue that such findings necessitate widening the scope of what constitutes self-compassion, and we are not alone in this position. Recently, some scholars have begun expanding their measures of self-compassion to include other response types. For instance, Gilbert et al. (2017) broadly captured enacted self-compassion as "I take the actions and do the things that will be helpful to me." Similarly, Gu et al. (2020) operationalize self-compassion as acting or being motivated to act to take care of oneself in times of distress.

Along with a need to identify what constitutes self-compassion, we also believe there is a need to define what self-compassion is *not*. The current theory defines self-compassion as entailing self-kindness *rather than* self-judgment, mindfulness *rather than* overidentification, and common humanity *rather than* isolation (Neff, 2003a, p. 85). However, this approach brings up an important theoretical question that many in the field are currently grappling with: Is the absence of compassionate self-responding equivalent to uncompassionate self-responding? Equating the presence of one psychological phenomenon with the absence of another is inconsistent with several well-established organizational research streams, such as justice and injustice (Colquitt et al., 2015), and voice and silence (Sherf et al., 2020), wherein scholars have over time updated their assessment of these constructs to treat them as negatively correlated yet independent concepts. Thus, from an organizational perspective, we agree with Muris et al. (2016) that the absence of self-compassion and the presence of self-judgment are not theoretically analogous.

Additionally, there is growing empirical evidence that compassionate and uncompassionate self-responding have differential relationships with antecedents and outcomes. For example, research has found gender differences only on uncompassionate self-responding but not compassionate self-responding (Bluth &

Blanton, 2015). Also, uncompassionate self-responding has better predictive validity for depression, anxiety, and stress, whereas compassionate self-responding only explained unique variance in depression (Brenner et al., 2017). Combined, theoretical reasoning and accumulating evidence support the idea that distinguishing the positive and negative aspects of self-compassion as separate constructs would be conceptually meaningful and better integrate self-compassion into organizational research.

4.2 | Limitations of self-compassion measurement and design

In addition to theoretical limitations, we suggest methodological shortcomings have limited self-compassion research from realizing its full potential in organizational arenas. In particular, the advancement of organizational self-compassion research—and self-compassion research more broadly—is hindered by cross-sectional designs, biased participant recruitment, and oversampling of healthcare populations. Not only is common method bias (Podsakoff et al., 2012) always a cause for concern, but, importantly, cross-sectional research designs limit our understanding of temporal effects, the strength of causality claims, and the capacity for self-compassion to change over time. Cross-sectional designs also provide weak evidence of whether self-compassion operates as a process, state, or trait, proliferating undertheorized research that does not address the underlying mechanisms of self-compassion. Thus, the preponderance of cross-sectional designs (see Table 1) may be preventing self-compassion scholars from extending self-compassion theorizing and pinpointing appropriate conceptualizations. In contrast, studies that examine repeated measures of self-compassion over time are better suited to address theoretical gaps, such as the interrelationships between facets. Indeed, post hoc results from the interventionist studies bolstered cross-sectional results, providing more robust evidence for proposed relationships' directionality. However, these designs often exhibited sampling bias by recruiting parties highly interested in participating in self-compassion training courses, which may have interfered with intervention effectiveness inferences (Landers & Behrend, 2015).

We also observed that most research on self-compassion sampled healthcare populations. Healthcare populations offer a context in which the protective role of self-compassion against burnout and fatigue is likely transparently observable (Eisenhardt, 1989), considering how healthcare workers are especially susceptible to these negative work states due to the intensive emotional demands of caregiving professions (Figley, 2002; Lilius, 2012). Although the effects of self-compassion are likely to be most salient in the healthcare setting—an extreme context for burnout and overwork—we argue that these findings would apply to the general working population as well. Even if employees in general workplaces engage in less caregiving and helping in their work, a recent Gallup (2018) study revealed that two thirds of full-time employees experience burnout. More broadly, self-compassion is relevant across all work settings as suffering is commonplace, happening in all institutions, to all workers, at all

institutional levels (e.g., Dutton et al., 2014; Hazen, 2008; Kanov, 2021). Consistent with this idea, recent research has found that self-compassion occurs in various organizational contexts outside healthcare (Anjum et al., 2020; Reizer, 2019; Schabram & Heng, 2021).

Beyond our speculations, however, expanding self-compassion research to other workplace settings offers the exciting opportunity to examine the actual extent to which self-compassion effects from the healthcare setting are generalizable to other working populations. Doing so with other constructs, such as burnout, has led to fruitful theoretical developments that deepened our understanding of the effects of boundary conditions and situational influences on phenomenological occurrences (Cordes & Dougherty, 1993). To our knowledge, only one paper has compared self-compassion between helping and non-helping professions. Kotera et al.'s (2021) recent study on the effects of COVID-19 on employee mental health outcomes found that healthcare workers exhibited similar self-compassion scores as the participants in non-helping professions. Their findings provide initial evidence that self-compassion findings from healthcare will generalize to other workplaces. Importantly, the similarities between both samples also indicate that researchers need to justify their motivations for sampling a specific population over another by making a case for how their chosen population provides unique insight into self-compassion.

Second, we draw attention to empirical results of self-compassion studies that raise concerns about current self-compassion operationalizations and how these results suggest a need for conceptual refinement. The widely used self-compassion measure (SCS; Neff, 2003b)—which was utilized in the vast majority of the research cited in the current literature review—has been criticized for its lack of validity (e.g., Muris & Otgaar, 2020). In this measure, Neff (2003b) developed a six-factor structure (i.e., mindfulness, common humanity, self-kindness, over-identification, isolation and self-judgment) and recommended that researchers use an overall self-compassion score to measure self-compassion (reverse coding overidentification, isolation, and self-judgment). However, the proposed factor structure is inconsistent, with some researchers suggesting that it entails one overarching self-compassion factor (Neff, 2003b, 2016) and others failing to replicate it (e.g., Petrocchi et al., 2014; Williams et al., 2014). Other factor structures have also emerged, such as a factor structure with two overarching compassionate and uncompassionate self-responding factors (Brenner et al., 2017; Costa et al., 2016).

The inconsistent factor structure across studies, coupled with the predominant use of cross-sectional designs, suggests that the measure may not always accurately capture manifestations of self-compassion. We suggest that perhaps inconsistencies believed to be empirical messiness (Neff, 2016), are in actuality, self-compassion manifesting differently in different general populations or contexts. For example, participants in a study that exhibited no overarching self-compassion factor structure may have had more variable response patterns across dimensions. Yet another possibility for this is that their response patterns varied across self-compassion dimensions (e.g., being high on mindfulness but low on common humanity and self-kindness). Testing

the latter possibility would shed light on how self-compassion occurs and potentially reveal that individuals may be at one stage and thus test higher on those items than others. However, addressing this and similar hypotheses would require a more processual approach to self-compassion and longitudinal instead of cross-sectional study designs.

A final empirical criticism of the SCS revolves around the inclusion of the uncompassionate self-responding items (Muris & Otgaar, 2020). Muris et al. (2018) noted that the *compassionate* self-responding subscales have high face validity and indicate positive coping and healthy functioning, but the *uncompassionate* self-responding subscales were more associated with psychopathology and mental illness. Thus, a problematic implication of using the full SCS is the muddiness in isolating the unique predictive value of the compassionate and uncompassionate self-responding scales on various outcomes and the potential inflation in the relationship between self-compassion and negative psychological outcomes (Muris & Otgaar, 2020). These empirical results bolster our earlier theoretical arguments to consider compassionate self-responding as separate and distinct from uncompassionate responding.

5 | AN INTEGRATIVE CONCEPTUALIZATION OF SELF-COMPASSION

Our critical review of the literature indicates that several theoretical and empirical limitations need to be addressed to advance rigorous self-compassion research in the organizational sciences. However, we believe that aligning self-compassion with dynamic, other-compassion management theories could help explain inconsistent empirical findings in the literature and make the theory more applicable to studying phenomena specifically relevant to organizations. Indeed, an intended goal of this article is to provide organizational scholars with a useful framework to catalyze self-compassion research. In this section, we introduce a process-based conceptualization of self-compassion that serves to reconcile inconsistencies between our existing theoretical understanding of self-compassion and the latest developments of the field, provide organizational scholars who are already interested in other-compassion with a framework to consider self-compassion, and propel exciting future organizational research paths by bridging self- and other-compassion frameworks.

5.1 | Benefits of bridging self- with other-compassion

Fortuitously, this endeavor was facilitated by having a successful compassion model to emulate. Organizational compassion researchers often conceptualize other-compassion as a process that unfolds as one learns about another's suffering. Building on Clark (1997), Kanov et al. (2004) proposed a tripartite process model of compassion in organizations that incorporated cognitive, affective, and behavioral

components of compassion. They conceptualized compassion as a fluid, dynamic process of noticing expressions of pain or grief from another, feeling empathy, and acting to alleviate the suffering. *Noticing* is considered the first and crucial step to initiating compassion and involves a cognitive recognition of suffering (Kanov et al., 2004). The next stage of the process is *feeling*, which often involves empathic concern or worry on another's behalf (Clark, 1997; Kanov et al., 2004). Importantly, organizational compassion scholars argue that compassion is distinct from empathy or sympathy in that it entails action. *Acting* is regarded as a compassionate response if and only if it is motivated by feelings of empathetic concern or compassion, regardless of whether the action successfully alleviates suffering (Kanov et al., 2004; Lilius et al., 2012). There are few bounds to what constitutes compassionate responding, which can take a variety of forms in organizations (Lilius et al., 2008). Noticing, feeling, and responding are all considered necessary for compassion (Dutton et al., 2014). The subprocesses are believed to “coevolve and interact dynamically” (Atkins & Parker, 2012, p. 528). After the initial *noticing* phase, each stage of the process is recursive, can be bidirectional, does not have to fall in any specific order, and can coincide in occurrence (Atkins & Parker, 2012; Dutton et al., 2014; Kanov et al., 2017; Way & Tracy, 2012). The organizational conceptualization of compassion as a dynamic and recursive process that leads to action is a key distinction from psychological conceptualizations of compassion as a feeling state (Goetz et al., 2010).

Given that self- and other-compassion both involve compassion, albeit to a different target (self vs. other), it is puzzling that both conceptualizations use entirely different terms and are treated in different manners (a static combination of three dimensions vs. a dynamic process) in organizational research. In psychology, scholars have increasingly embraced the idea that compassion is an overarching construct that encompasses self-directed and other-directed compassion. For instance, Germer and Neff (2013, p. 856) argue that “self-compassion is simply compassion directed inward.” Similarly, Neff (2011, p. 5) posits that “self-compassion, by definition, involves the same qualities” as compassion. Some empirical evidence also suggests that self- and other-compassion are distinct but positively correlated (Breines & Chen, 2013; Crocker & Canevello, 2008; Neff & Pommier, 2013; Pommier et al., 2020). Moreover, many compassion-based interventions have led to improvements in both self- and other-compassion (for a meta-analysis, see Kirby et al., 2017), suggesting that individuals may be harnessing overlapping skill sets or resources to engage in both types of compassion. Therefore, we propose that both forms of compassion should be treated the same conceptually and expect that conceptualizing self-compassion in parallel to other-compassion offers researchers theory-building opportunities around organizational phenomena that depend on a deeper understanding of the relationship between both forms of compassion.

Moreover, there are additional benefits to a more dynamic, processual view of self-compassion aligned with other-compassion. In particular, two strengths of the organizational compassion model address the weaknesses of current self-compassion conceptualizations: (1) how the model clearly explains the manifestation process of

other-compassion and (2) its articulation of compassion as a highly dynamic process. For instance, the clear articulation of compassion's dynamic manifestation facilitates theoretical developments related to the interrelationships between the three self-compassion dimensions by suggesting that experiencing each stage of the process is vital to reaching the next and, ultimately, achieving resolution. The suggested recursiveness implies that individuals may engage in different stages of self-compassion, updating their responses as they evaluate their feelings. The articulation of manifested action as any attempt to alleviate suffering further allows for the possibility that self-compassion can encompass a wider range of responses than identified in the SCS and offers a conceptual scaffold that will be helpful for investigations of the empirical inconsistencies in self-compassion research, such as factor structure instability.

Additionally, more recent research that has adopted dynamic, process-based conceptualizations (e.g., Strauss et al., 2016) seems to be better positioned to address the possibility of trait-level predilections that can be activated or increased under certain circumstances. A dynamic process conceptualization reconciles the various ways (e.g., trait and state) self-compassion has been treated and supports recent empirical developments by allowing individuals to have a baseline penchant for engaging in the self-compassion process and the possibility of an emergent capacity for self-compassion following situational triggers. Thus, this perspective facilitates future research on how trait and state self-compassion are interrelated—which was a limitation of the original self-compassion theory that largely assumed construct stability. In sum, a process model of self-compassion in organizations emulating models of organizational compassion can help scholars address the key theoretical and empirical limitations identified in the critical review of the literature, with an additional benefit of facilitating overlapping research between self- and other-compassion.

5.2 | A processual model of self-compassion in organizations

Given the similarities between self- and other-compassion, as well as the benefits of aligning the two constructs, we pattern after the

compassion model in organizational behavior to suggest that self-compassion be conceptualized as a *dynamic process that begins with mindful awareness of personal suffering (noticing), followed by appreciating and empathizing with one's own pain (feeling) which culminates in a response to alleviate it (acting)* (see Figure 3). Integrating the previously cited facets of self-compassion situates mindfulness as a self-focused manifestation of the *noticing* stage in that individuals are actively aware of their own pain. In the *feeling* stage, the sufferer can experience common humanity, which overlaps with empathic concern for the self, given that both constructs suggest that compassion requires acknowledging we all suffer and the willingness to empathize and literally 'feel from within another' (Titchener, 1909). Finally, in the *acting* stage, self-kindness is but one form of response to alleviate pain. We suggest that each element of the process is unique and valuable in reaching relief from suffering and that the stages can be recursive and dynamic, such that the process continues until relief is achieved or a breakdown in the process occurs.

5.2.1 | Noticing

Drawing on mindfulness research (e.g., Brown & Ryan, 2003), Neff (2003a) conceptualized mindfulness in self-compassion as an awareness of or attention to present thoughts and emotions (Barnard & Curry, 2011). Interestingly, we found numerous consistencies between the concept of "mindfulness" in self-compassion research and "noticing" in other-compassion research. For instance, Atkins and Parker (2012) postulated that mindfulness is linked to noticing others' suffering, as it increases the actors' attention to immediate cues around them, and Powley (2009, p. 1306) suggested that noticing suffering requires being "carefully mindful." Further, some scholars have argued that mindfulness is simply a form of active or purposeful noticing (e.g., Lee, 2019). Integrating these research streams, we conceptualize self-compassionate noticing as *mindful awareness of one's own distressing emotions, cognitions, and reactions to stimuli*. Thus, noticing includes a conscious effort to be alert to the possibility of feeling pain and recognize one's pain triggers and cues (Kanov et al., 2017).

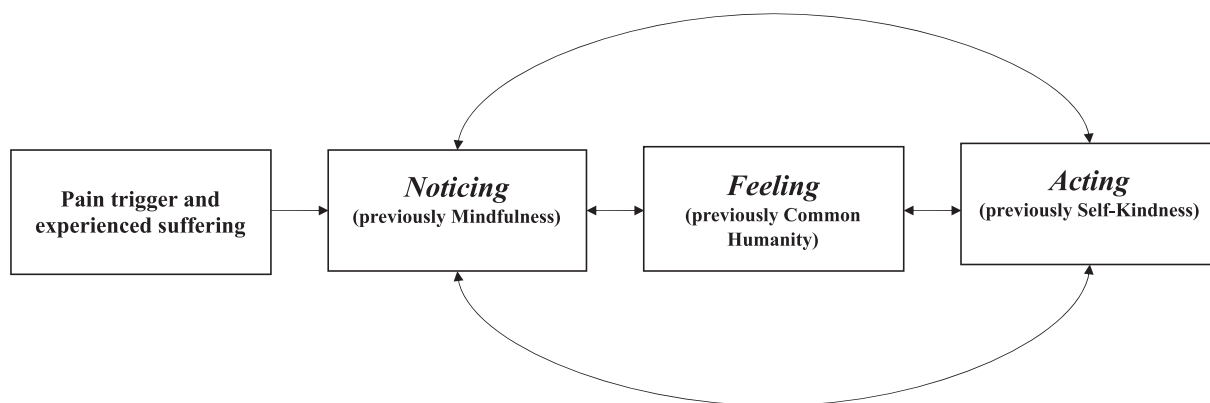


FIGURE 3 Conceptual model of self-compassion in organizations

To begin the process of self-compassion, an individual must first notice and be aware of their negative reactions and the eliciting stimuli. Indeed, in some instances, the self-compassion process can be impeded by a failure to notice intrapersonal suffering. Noticing may not occur when individuals are not mindful of their distress, thereby failing to bring one's suffering and pain into conscious awareness (Neff, 2003a). Further, individuals may attempt to ignore, suppress, avoid, or distort the difficult emotions or thoughts because they are too threatening and painful (Hayes et al., 1996), which can also cause a breakdown in noticing. In failing to notice their suffering, we posit that individuals cannot develop compassionate feelings towards themselves and later act on them. In short, the self-compassion process cannot begin without noticing; therefore, mindful attendance to present moment personal events acts as a necessary catalyst for the self-compassion process.

5.2.2 | Feeling

Next, we conceptualize the feeling stage of self-compassion to involve *fully appreciating and empathizing with one's own pain*. Importantly, compassionate feelings toward oneself are only evoked when an individual feels that the sufferer—in this case, the self—deserves compassion (Atkins & Parker, 2012; Clark, 1997). The feeling stage of self-compassion necessitates the belief that the individual's suffering is valid, worthy, and deserving of compassion. Self-compassionate feelings can only develop when such full appreciation and empathy about one's suffering are achieved.

We suggest that this conceptualization of the feeling stage relates to Neff's (2003a) common humanity dimension. When individuals experience common humanity, they consider painful experiences to be a part of the larger human experience, recognizing that all humans fail, make mistakes, and suffer, including oneself. Relatedly, Atkins and Parker (2012) seem to imply that people prone to recognizing the humanity in all persons are more likely to see everyone as deserving of compassion and empathy. We extend this assumption to the process of self-compassion, suggesting that recognizing one's humanness (i.e., common humanity) may increase the likelihood that one will develop self-directed empathic feelings. As such, common humanity can facilitate feelings of self-directed empathic concern by helping individuals better recognize that they too are deserving of compassion, given that painful experiences are common to all. To illustrate this idea, suppose an individual does not internalize the notion of common humanity. In that case, research suggests they are at a greater risk of developing inaccurate and irrational beliefs about their suffering experiences, such as perceiving that they are abnormal and only they fail and make mistakes (Germer & Neff, 2013). As a result of this tunnel vision, this individual may not fully appreciate their pain and recognize that they, too, deserve compassion. Such individuals are less likely to develop compassionate feelings for the self, creating a breakdown in the self-compassion process.

However, our conceptualization of the feeling stage of self-compassion also expands upon common humanity. Although common humanity is certainly a useful perspective for appreciating

and empathizing with one's pain, it is not a necessary condition for eliciting self-compassionate feelings. For instance, we believe it possible for an individual to feel deserving of compassion and develop compassionate feelings for the self, even if they do not recognize that others are also suffering. It may also be possible for individuals to recognize their common humanity, but continue to feel undeserving of self-compassion, perhaps due to lay beliefs that self-compassion is only for the weak or self-indulgent (Miron et al., 2014; Robinson et al., 2016). Thus, we argue that common humanity is more accurately a catalyst for feeling self-compassion, such that its absence could halt the self-compassion process. In sum, noticing one's pain does not automatically invoke compassionate feelings for the self. Instead, one needs to be able to fully appreciate and empathize with their pain in order to develop self-compassionate feelings. Moreover, recognizing one's humanness (i.e., common humanity) may increase the likelihood of developing self-directed empathic feelings.

5.2.3 | Acting

In presenting this revised, processual conceptualization of self-compassion, we deviate slightly from the previous theory in our treatment of self-kindness. Consistent with organizational perspectives on compassionate responding, we conceptualize self-compassionate action as *any response that involves an increase in effort to alleviate pain*, thus expanding self-compassionate responses to a broader repertoire of actions (e.g., physical, social, and mental). These actions may be simple, such as talking to a friend or meditating, or, in some cases, involve behavior that has greater organizational consequences, such as requesting a transfer to a different team or applying for positions outside the organization. This conceptualization reconciles Neff's (2003b) earlier work that considers self-kindness to be largely intrapsychic with more recent self-compassion conceptualizations with fewer restrictions on what can be considered self-compassionate action (e.g., Gilbert et al., 2017; Gu et al., 2020). This perspective also aligns with Neff's (2021) call for an extended model of self-compassion that incorporates any behavior meant to alleviate self-suffering as a form of self-compassionate action.

It is important to note that the self-compassion process may still fail at this stage. Action can be impeded by several contextual and personal factors (Kanov et al., 2017); for instance, employees may not know how to alleviate their suffering or have no ability to do so due to extenuating circumstances (e.g., a heavy workload, unsupportive supervisor). Combined, this revised conceptualization of the self-kindness dimension clarifies what actions constitute a self-compassion manifestation, allowing for possibilities of self-compassionate action to cross several dimensions.

5.3 | Putting it all together

To provide a relatable example of our revised conceptualization of the self-compassion process, imagine an employee who has just learned

that they have not received a promotion for which they had applied. Upon hearing the news, they may experience upsetting thoughts, such as thinking they are stalled in their career, and feel distressing emotions, such as disappointment, confusion, or embarrassment. In the *noticing* stage of self-compassion, this employee mindfully pays attention to the thoughts and emotions that this news elicited. In contrast, if this employee does not notice their distress, the self-compassion process will likely not begin.

Assuming this employee notices that they are upset about the promotion loss, the next step would be *feeling*. An employee who believes that their promotion loss is a painful experience worthy and deserving of compassion would fully appreciate and empathize with this painful experience, developing self-compassionate feelings. Embracing suffering as a common human experience certainly facilitates this feeling stage, as it exposes how one's suffering is not an isolated experience and is instead common to all and worthy of compassion. In contrast, if the employee does not feel that their negative experience of losing their promotion is worthy of compassion, this will likely hinder empathic feelings and halt the self-compassion process. The next stage of the process is *action*. In this example, perhaps the employee thinks that talking to another coworker will help them feel relief and seeks social interaction. Importantly, this employee is not limited in their attempts to alleviate suffering and may try several different approaches beyond seeking social interaction to find relief. However, if the employee is faced with impediments to action, such as concerns that their distress will be met with disapproval from others or no time for self-care activities, they may not engage in self-compassionate action.

In articulating the self-compassion process as a self-directed form of organizational compassion, we have posited that the phases can interact dynamically. This argument suggests that after—or perhaps even during—seeking social interaction, this employee can mindfully check in with their feelings and adapt their response strategy based on whether their suffering has abated. Feelings of deservingness of compassion may consistently arise, compelling the disheartened employee to continue in the process of finding relief. Moreover, they may continue to attempt different actions to resolve the pain until it is resolved.

Combined, this revised conceptualization of self-compassion addresses several limitations of the prior conceptualizations. First, emulating the organizational compassion model, we argue that self-compassion is a highly dynamic process that allows for both stable (trait) and momentary (state) treatments of self-compassion, offering research opportunities to understand the differences between trait and state self-compassion. Second, our articulation of a three-step process also allows for theory building around the interrelationships between the three self-compassion dimensions. Moreover, it allows scholars to dive deeper into what self-compassion is and is not and how exactly it occurs. Finally, this revised self-compassion conceptualization is meant to provide organizational scholars with a framework to study self-compassion in organizations. Whereas research on self-compassion is prolific in clinical and social psychology, it remains nascent within the organizational sciences. Thus, introducing this

integrated model is especially timely and helpful in spurring self-compassion research in management and research that bridges self- and other-compassion.

6 | FUTURE DIRECTIONS

In light of our literature review findings and suggestion of a revised processual view of self-compassion, we propose a future research agenda highlighting the exciting opportunities that scholars may pursue. First, we provide recommendations of how researchers might utilize a dynamic self-compassion conceptualization to catalyze future research. Second, we pose four questions central to advancing research and meaningful applications of a processual self-compassion perspective in organizational behavior (see Table 2).

6.1 | Next steps for theoretical expansion

6.1.1 | Self-compassion theorizing that captures its dynamism

Looking at each aspect of self-compassion as a stage of a larger process brings up interesting and unanswered questions about how self-compassion works to relieve suffering. For instance, a dynamic approach would suggest that this process can be recursive and iterative, but in the current literature, it is unclear whether the aspects of self-compassion operate in linear, recursive, or iterative patterns. After taking action to alleviate the suffering, will an employee who did not receive a hoped-for promotion return to the mindfulness stage and take stock of how they now feel? If their suffering remains unresolved, will they attempt other methods of response to reduce their suffering? To answer these questions, identifying the dynamic features of self-compassion becomes a vital next step. In doing so, scholars can more deeply probe when and why self-compassion is efficacious or ineffective in alleviating suffering, such as identifying where breakdowns in self-compassion occur and the implications of such breakdowns.

A processual conceptualization of self-compassion also allows for greater precision in our examination of antecedents. More theory-building opportunities are available as researchers can explore the impact of interventions, individual characteristics, and situational factors on the self-compassion process. It would be particularly meaningful to understand how these antecedents affect each step of the self-compassion process, such as whether these antecedents are relevant only to the first step of the process and not others, or whether certain antecedents have a more significant influence on some steps than others. Importantly, this knowledge can be potentially useful in facilitating a more tailored approach to fixing breakdowns in the self-compassion process, depending on the impeded stage of the process. Similarly, it would be fruitful for researchers to consider whether specific components (i.e., noticing, feeling, acting) are more influential than others on critical outcomes,

TABLE 2 Fundamental guiding questions and example research questions

Fundamental guiding questions	Example research questions
1. Can the potential tradeoff between employee self-compassion and organizational performance expectations be reconciled?	<ul style="list-style-type: none"> • Are employees more productive when they engage in self-compassion? • Can self-compassion promote employee sustainability? • How does employee self-compassion influence organizational outcomes? • What organizational factors moderate the likelihood of engaging in self-compassionate processes? • What factors influence the effectiveness of self-compassion in improving organizational performance? • Does self-compassion promote performance-related outcomes in conjunction with or at the expense of alleviating and preventing suffering in the workplace?
2. How do others at work respond to an employee's self-compassion?	<ul style="list-style-type: none"> • Does engaging self-compassion incur backlash from coworkers or supervisors? • Can visible self-compassion practices inspire others to engage in similar practices? • What organizational norms facilitate or hinder self-compassion? • How does self-compassion influence team processes and outcomes?
3. How do employees engage in self-compassion at work?	<ul style="list-style-type: none"> • What factors influence employees' ability to notice pain while at work? • What factors influence employees' experience of common humanity at work? • What are the self-compassion acts that employees can engage in, and how do they compare in efficacy? • Do employees engage in different self-compassion strategies at work than in personal contexts? • Does self-compassion only function as a reactive response to employee suffering? Can it proactively prevent or minimize employee suffering?
4. Do all employees need self-compassion?	<ul style="list-style-type: none"> • Does the importance of self-compassion vary across industries (caregiving-focused vs. other)? • Does the importance of self-compassion vary across types of workplace suffering (chronic vs. acute)? • What are the boundary conditions associated with the emergence and efficacy of self-compassion at work?

such as well-being or job performance. It would further be meaningful to explore how self-compassion levels fluctuate over time and if consistent encouragement or need to be self-compassionate can influence one's predilection to engage in the process. For example, is it possible to increase one's stable self-compassion via repeated self-compassion interventions and training? Or is it possible that one's stable self-compassion levels might be lowered via repeated sanctions on self-compassionate behavior (e.g., belittled for meditating or taking time off)? In sum, a dynamic conceptualization opens up several avenues for theoretical refinement.

6.1.2 | Forging new research paths by bridging self- and other-compassion

Although the empirical evidence points towards potential relationships between self- and other-compassion, the lack of integration has limited theoretical advancements. However, conceptualizing self-compassion in parallel to other-compassion facilitates future exploration of phenomena that organizational scholars care deeply about, such as compassion fatigue. Dev et al.'s (2018) work suggests that self-compassion can reduce barriers to other-compassion, and Duarte and Pinto-Gouveia (2017b) found that self-compassion is positively related to compassion

satisfaction and negatively related to compassion fatigue. More recently, Schabram and Heng (2021) showed that self- and other-compassion could differentially alleviate dimensions of burnout but did not examine the interrelationships between both forms of compassion. The lack of a compelling theory for how self-compassion and other-compassion influence one other is a barrier to organizational scholars' holistic understanding of the compassion fatigue phenomenon, which has implications for preventing and treating employees experiencing compassion fatigue. In offering a conceptualization of self-compassion that shares common ground with other-compassion, we hope to facilitate future work that hinges upon a better understanding of the interrelationships between these two constructs.

6.1.3 | Moving beyond intrapersonal self-compassion

Compassion fatigue is just one example of how integrating these two forms of compassion into one model may spur new and exciting research. Another future path highly relevant to the organizational context is investigating how self-compassion may manifest at higher levels of analysis (Chan, 1998; Klein & Kozlowski, 2000), such as in teams and organizations. Thus far, studies have primarily focused on

the individual level (for an exception, see Lefebvre et al., 2020). However, it has been suggested that organizations develop the capacity for and socially coordinate compassionate responses to others' pain (Dutton et al., 2006; Lilius et al., 2011). Indeed, Kanov et al.'s (2004) central goal was to provide a model of compassion wherein employees *collectively* notice, feel, and respond to suffering within their organization. Thus, a logical next step for organizational self-compassion research is to examine how self-compassion may unfold and emerge at the collective level. For instance, it might be interesting to consider the diversity of self-compassion in a team. Consistent with past work linking self-compassion with more compromise (Yarnell & Neff, 2013), teams may experience less conflict when all members believe in the importance of practicing self-compassion. However, teams whose members vary in how much they value self-compassion may exhibit more conflict arising from backlash toward self-compassionate members, who may be perceived as slacking off.

6.1.4 | Improve methodological rigor

Taking a dynamic approach to self-compassion likely requires a significant overhaul of how we currently study and measure the concept. For instance, a dynamic, processual conceptualization would suggest that a more longitudinal approach to examining and capturing self-compassion is warranted to resolve the documented instability of self-compassion factor structures. One approach to clarifying self-compassion's dynamism could be to examine its temporality over an extended period. Researchers could utilize advanced research methodologies, such as growth curve modeling (Bliese & Ployhart, 2002) or experience sampling (Gabriel et al., 2019), to probe employee patterns in self-compassion and how self-compassion expressions are influenced by contextual factors (e.g., workplace norms and relationships at work) and deliberate interventions. One excellent example is Schabram and Heng's (2021) article, which uses experimental and longitudinal data to provide causal evidence for the specific effects of self-compassion on burnout.

Additionally, given that we argue that self-compassionate responding can extend beyond cognitive manifestations, it seems possible that the SCS does not wholly capture the range of self-compassionate expressions. Thus, we suggest there is merit in investing resources into developing a process-based, work-focused self-compassion measure. A SCS that more broadly measures the processes of *noticing*, *feeling*, and *acting* will make it easier for researchers to capture the element or processual step most relevant to their research question. Process-focused self-compassion scholars (e.g., Gilbert et al., 2017; Gu et al., 2020) have provided a great starting point by recently developing scales that measure self-compassion, including noticing, feeling, and acting subprocesses in self-compassion. More work is needed to validate and adapt these scales for organizational research. However, we believe that developing an organization- and process-based SCS would have generative implications.

Alternative measures may also help researchers capture the phenomena of being self-compassionate at work more accurately, as

unique aspects of the workplace are likely to influence how self-compassion manifests at work compared to personal life. For instance, employees may be hesitant to practice self-compassion in workplace settings or choose to express self-compassion in more covert ways than in private contexts, given the evaluative nature of employment (Schleicher et al., 2019). In contrast, some may feel pressure to suppress their negative attitudes toward mental well-being practices as work (Crandall et al., 2002). Thus, more discrete measures such as implicit association tests (e.g., Greenwald et al., 2000) may more accurately capture attitudes toward self-compassion in the workplace.

Finally, focusing on self-compassion research in healthcare settings presents a missed opportunity for theory building. Although self-compassion may be particularly vital in the healthcare setting as the caregiving role can be especially depleting for employees (Lilius, 2012), it is essential to understand whether self-compassion manifests similarly or differently in other organizations. After all, as noted in the introduction, events that trigger self-compassion can and do happen in all types of workplaces, albeit to differing extents and in differing ways. To better understand the generalizability of self-compassion relationships within and outside of the healthcare setting, we encourage future research on self-compassion in a broader swath of industries, organizations, and professions. There are several interesting directions that researchers can take.

Given that types of suffering may vary across industries and professions, it would be meaningful to consider the efficacy of self-compassion in alleviating different forms of suffering. For example, healthcare workers may be susceptible to suffering in the form of compassion fatigue and burnout. Law enforcement officers may be at risk of dangerous and gruesome calls on the job that are highly traumatic (O'Neill & Rothbard, 2017). White-collar office workers are not spared from suffering—more often than not, employees suffer from abusive supervisors (Tepper, 2007) or other workplace aggressions (Aquino & Thau, 2009). It would be beneficial to examine whether self-compassion is effective across various forms of suffering or limited to caregiving-related ones. Another interesting direction to take this research would be to consider whether norms across industries differ in the extent to which self-compassion is encouraged or discouraged. For instance, a highly masculine culture may prevent people from being self-compassionate due to the fear of being seen as vulnerable or weak (Miron et al., 2014, 2016), compared to mental health clinics, nursing, and other settings that tend to be more communal.

6.2 | Fundamental questions about self-compassion in organizations

6.2.1 | Question 1: Can the potential tradeoff between employee self-compassion and organizational performance expectations be reconciled?

Modern organizations commonly adopt the traditional perspective that the ideal employee is entirely devoted to and engaged in their

work (Dumas & Sanchez-Burks, 2015). However, organizational expectations of the ideal employee may not align with the values, needs, and health of the individual worker (Liedtka, 1989). Thus, self-compassion, which requires the employee to focus on their personal needs rather than on their work for some time, may conflict with the workplace expectation that employees invest their whole selves into achieving organizational success. Alternatively, a human sustainability perspective (Spreitzer et al., 2012) suggests that encouraging employees to engage in self-compassion may enable them to work sustainably without burning out. It is possible that, even though employees allocate more time to self-compassion, they may experience a marked increase in productivity, thereby achieving similar or even better performance. Temporal considerations may reveal that this tradeoff only exists in the short but not long term. Although some scholars have suggested self-compassion exerts a buffering effect that can protect employees against the negative consequences of difficult experiences, few studies have thoroughly examined the interactive relationship of self-compassion and negative work experiences on employee outcomes—and those that do report mixed results (Anjum et al., 2020; Ghorbani et al., 2018; Kreemers et al., 2018). Thus, it seems likely that other factors, such as temporality, may be confounding these expected relationships.

Without a clearer understanding of how, when, and why self-compassion improves employee and organizational performance outcomes, organizational leaders may be hesitant to introduce self-compassion into the workplace. George (2014, p. 10) argues that researchers and organizations would do well to “supplement our focus on the very dominant concerns with efficiency, competitiveness, and maximizing returns to shareholders with a focus on social problems and how organizations can help to alleviate them rather than propagate them.” Extrapolating George’s (2014) recommendation, we call for research to unravel how and when self-compassion can promote performance-related outcomes in conjunction with, rather than at the expense of alleviating or preventing suffering in the workplace in the hopes that such an approach will help resolve this important question.

6.2.2 | Question 2: How do others at work respond to an employee’s self-compassion?

The self-compassion literature has amassed a large body of evidence on the benefits of self-compassion for the suffering individual, such as improved psychological well-being (Gunnell et al., 2017). However, most investigations focus on the sufferer’s intrapersonal benefits, and virtually no work to date has directly addressed how interpersonal relationships may affect the process and effectiveness of self-compassion. For instance, employees may be hesitant to engage in self-compassion at work, particularly if they fear the social backlash of being seen as weak (Gilbert & Procter, 2006) or self-indulgent (Miron et al., 2016). Indeed, Gilbert et al. (2011) found that some sufferers may be hesitant to be self-compassionate because of the implicit belief that others would see their self-compassionate behavior negatively (e.g., as

laziness). Thus, if self-compassion is met with punitive treatment by coworkers, employees may be less likely to engage in self-compassionate behavior. Relatedly, organizational norms likely play an influential role in shaping coworker reactions to self-compassion. For example, employees may be discouraged from expressing pain (Frost et al., 2000; Rafaeli & Worline, 2001) in the workplace. Thus, we encourage future research on third-party reactions to self-compassion and how they can facilitate or hinder self-compassion at work.

6.2.3 | Question 3: How do employees engage in self-compassion at work?

Another fundamental question is how self-compassion *occurs* in the workplace—a highly unique context where practicing self-compassion may oppose organizational goals or result in backlash from coworkers. These considerations suggest that self-compassion may manifest differently in the workplace vis-à-vis the employee’s personal life. Consistent with this idea, Dane and Brummel (2014) argue that dispositional, experiential, and context factors can profoundly influence a person’s ability to practice workplace mindfulness. Thus, it would be worth studying how and under what circumstances people notice their pain while at work. For instance, if employees are too focused on meeting work deadlines, they may be less in tune with the adverse effects of their stress on their bodies. According to Neff (2021), the appropriate action to alleviate suffering is contextual and circumstantial. For example, loving yourself as you are may be a compassionate response in some contexts, whereas seeking help to change ineffective work habits may be a compassionate response in another. It would be valuable to explore the efficacy of various forms of self-compassionate acts at work, such as cognitive approaches like positive thought restructuring about a distressing event, or behavioral approaches like finding support in coworker relationships, practicing relaxation techniques, and engaging in physical care. Further, it would be interesting to examine variations in the visibility of self-compassionate action. Given that self-compassion practices can range from low (e.g., meditating at one’s desk for 5 min) to high visibility (e.g., taking a day off work), variations in others’ reactions and self-compassion efficacy likely exist.

Relatedly, an ongoing assumption in the self-compassion literature is that self-compassion is triggered by, and is thus a reactive response to, suffering. However, the original Buddhist conceptualization of self-compassion suggests that it may also be a proactive means to *prevent* suffering (Gilbert et al., 2017; Gilbert & Choden, 2013). We thus encourage research on the extent to which self-compassion can be activated to prevent future suffering. For example, perhaps practicing self-compassion regularly can help employees be less overwhelmed and anxious about an upcoming stressful work peak season, thus minimizing their suffering before it even occurs. In other words, if self-compassion is indeed a muscle that can be trained via deliberate interventions, then continued efforts to build employees’ capacities for self-compassion could be an effective approach to minimize future suffering proactively.

6.2.4 | Question 4: Do all employees need self-compassion?

Finally, the salience of self-compassion for healthcare is certainly warranted given the characteristics of healthcare professionals' roles, namely, the near-constant interaction of this specific population with suffering people (i.e., patients). The chronically stressful and emotionally demanding conditions to which healthcare professionals are exposed inherently increases risks of impaired health conditions that might ultimately reduce their capacity to provide effective services. As scholars have consistently argued, research on self-compassion in healthcare settings is, therefore, necessary to understand how healthcare providers can preserve their positive functioning as maintain high performance in the face of chronic/acute stress conditions. Thus, the question becomes whether such a compelling need for self-compassion research is the same for other organizational contexts wherein more ordinary but not necessarily chronic or acutely stressful conditions (e.g., customer mistreatment and team member conflict) are present in the daily work life. Or is self-compassion indispensable only when exposure to suffering becomes acute or chronic? Acute or chronic suffering-inducing conditions may serve as an important boundary condition for explaining the inconsistent relationship, for instance, between self-compassion and job satisfaction. One way to capture this phenomenon would be to conduct longitudinal studies which capture manipulate self-compassion at more stressful (e.g., near deadlines) and calmer periods (e.g., off-season) of the work cycle. In all, it may be useful to unpack the possible contextual boundaries associated with the emergence of self-compassion.

7 | CONCLUSION

In taking stock of the extant research on self-compassion in organizations, our systematic review synthesizes the work that has been done on this topic and articulates a path forward for future research on self-compassion at work. Specifically, we advance a refined conceptualization of self-compassion as a dynamic process that parallels the organizational compassion model, discuss how theoretical and methodological rigor can be improved, and pose fundamental research questions to guide future work. Acknowledging that a dynamic conceptualization of self-compassion is based on the current state of the science, as the field of self-compassion continues to grow, we invite scholars to critique our conceptualization and update it in accordance with future developments. We hope this review proves to be a useful launching point to motivate new, impactful research that extends our understanding of this critical intrapersonal process and opens new frontiers of insight on organizations' ability to support positive human functioning in response to pain, failure, and grief—a timely endeavor in our world today.

ACKNOWLEDGMENTS

The authors would like to thank Kristina Diekmann, Kylie Rochford, Ryan Fehr, and Kira Schabram for their valuable feedback in

developing this manuscript and Jesse Graham for helpful comments during the early stages of this project.

CONFLICT OF INTEREST

We have no known conflict of interest to disclose.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ORCID

Samantha J. Dodson  <https://orcid.org/0000-0003-0361-4326>

Yu Tse Heng  <https://orcid.org/0000-0002-5692-3109>

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AUTHOR BIOGRAPHIES

Samantha J. Dodson is a doctoral candidate at the University of Utah David Eccles School of Business. Her research focuses on the interplay of social cognition and emotions in response to discriminatory interactions and suffering in the workplace.

Yu Tse Heng is a doctoral candidate at the University of Washington Foster School of Business. Her research uncovers ways to humanize workplaces, with a focus on compassion, grief, and suffering in organizations.

How to cite this article: Dodson, S. J., & Heng, Y. T. (2021). Self-compassion in organizations: A review and future research agenda. *Journal of Organizational Behavior*, 1–29. <https://doi.org/10.1002/job.2556>