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MEASURING COMPASSION IN THE WORKPLACE: A SYSTEMATIC LITERATURE REVIEW

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This systematic literature review analyzes instruments measuring compassion at work (CAW) with two main objectives: to organize the existing literature according to three main orientations, namely given compassion, received compassion, and given and received compassion; to describe and compare the scales used to measure each orientation and their use in current research. Adhering to PRISMA guidelines, we systematically selected English-language peer-reviewed articles published from 2008 to 2024. Our analysis included two categories of scales: a) scales specifically developed for workplace contexts or professional categories, and b) generic compassion scales utilized within organizational research. We identified 15 scales or subscales within three CAW main orientations. The review examines the psychometric properties of each scale, highlighting strengths, weaknesses, commonalities, differences, current research applications, and potential future uses. It offers practical guidance for researchers and practitioners to facilitate the most appropriate scale selection and use based on research needs and organizational contexts.

Keywords: Compassion at work; Compassionate leadership; Systematic literature review; Psychometric evaluation; Psychological assessment.

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Compassion consists of a set of affective, cognitive, and behavioral processes (Kanov et al., 2004) that arise from witnessing another's suffering and imply an authentic desire to ease others' distress (Goetz et al., 2010). Despite the growing interest, terminological and conceptual confusion persists regarding other emotions such as empathy, sympathy, and pity (Strauss et al., 2016). Empathy is a cognitive and emotional process of understanding and sharing another person's emotions; sympathy involves feelings of pity and sorrow for others' misfortunes, it focuses more on concern for others; pity implies a feeling of concern for someone considered inferior to oneself. Thus, these emotions relate to the empathizer's experience, while compassion is more target-oriented (Breyer, 2020; Goetz et al., 2010). Additionally, compassion is distinct from feelings such as distress and sadness, which involve self-centered pain and strategies aimed at alleviating personal suffering. Compassion is a prosocial emotion that acknowledges others' suffering with a motivational drive toward relieving that suffering. In contrast, sadness is an emotional response to personal loss or harm; distress is a self-focused emotional response to another's suffering, frequently resulting in avoidance rather than intervention (Goetz et al., 2010).

Researchers and practitioners have shown increasing interest in understanding the role of compassion in the workplace. Compassion at work (CAW) is linked to organizational dynamics and related problems, to

which members try to respond effectively (Dutton et al., 2014). There is a high probability of experiencing and expressing suffering in the workplace (Dutton et al., 2014), either due to personal issues (e.g., bereavement, illness) or work-related events (e.g., organizational changes, conflicts; Dutton et al., 2006, 2014). In this context, Dutton et al. (2014) define compassion as a dynamic and interpersonal process where the compassionate actor and the distressed employee influence how an episode evolves. CAW is a two-way process that combines the perspectives of both the compassion giver and receiver (Frost et al., 2000).

According to Kanov et al. (2004), recognizing compassion at work requires three interrelated processes: noticing, feeling, and responding. Noticing involves the cognitive recognition of another person's suffering and calling for help. Feeling refers to the ability to imagine or feel the sufferer's condition, connecting to others' hurt, anguish, or worry. Responding involves any action taken to alleviate another's pain, making compassion apparent to all members, even if they are not directly involved.

Atkins and Parker (2012) revised these dimensions, labeling the behavioral dimension of compassion as compassionate acting. They introduced four dimensions of compassion: noticing, evaluating, feeling, and acting. Noticing that an individual is suffering does not necessarily lead to feeling compassion. The observer evaluates the sufferer (considering similarity) and the situation (familiarity). This internal evaluation enables the observer to feel compassion and act appropriately. Thus, compassion involves recognizing suffering in an organization, making sense of that suffering to alleviate it, feeling concerned, and acting to alleviate it (Worline & Dutton, 2017).

Despite the well-known link between workplaces and suffering, organizations can also be places of healing. With appropriate conditions, employees can narrate their stories, move toward a shared meaning of suffering, and receive compassionate responses (Dutton et al., 2014). Shared sense-making allows other members to believe they will receive attention in difficult times (Lilius et al., 2008). Thus, compassion requires shifting from individual reactions to collective responses (Poorkavoos, 2016). Compassion increases organizational trust, the quality of connections, and generates positive emotions. Interpersonal acts of compassion develop relational resources, shared values, beliefs, critical skills, and the cultivation of key relational skills, enhancing cooperation and creating a cycle of given and received compassion (Dutton et al., 2007; Guinot et al., 2020). Adopting compassionate practices at the group level is closely linked to fostering a compassionate organizational climate (Nolan et al., 2022), and training may help develop and enhance compassion skills within organizations (Paakkanen et al., 2021).

Studying compassion at work requires adequate CAW measurement tools. Many scales have been developed to capture compassion's different manifestations. This review focuses on compassion scales or subscales used in organizational contexts, evaluating different orientations of CAW: compassion given to others, received from others, and both given and received.

Current literature suggests three main orientations of CAW: given, received, and both given and received compassion. To our knowledge, the richness of tools and theoretical approaches in the past 20 years has yet to be systematized. Previous reviews on generic compassion scales (e.g., Strauss et al., 2016) and scales for specific users like healthcare workers (e.g., Papadopoulos & Ali, 2016; Sinclair et al., 2017, 2022) did not include CAW scales.

In conclusion, compassion at work is a multifaceted construct that involves various emotional, cognitive, and behavioral processes. Understanding and measuring CAW through reliable and valid tools is essential for fostering a compassionate work environment. This review provides a systematic analysis of existing measures, offering insights into their applications and implications for organizational research and practice. The following paragraph will describe the three orientations of CAW.

Given Compassion

Giving compassion means being empathetic and feeling compelled to alleviate others' suffering (Kanov et al., 2004). In the organizational context, compassionate actions can involve instrumental support, such as sharing resources with colleagues (e.g., time, concern, material goods; Dutton et al., 2006, 2014), and emotional support (e.g., holding hands, hugs, verbal expression; Kanov et al., 2004; Lilius et al., 2008). Compassionate leadership practices are crucial, as they increase relational resources for those directly involved and third parties (Dutton et al., 2006).

Received Compassion

Lilius et al. (2008) show that employees can receive compassion from colleagues, supervisors, and the organization. Receiving compassion strengthens emotional connections and increases productivity. Workers may acknowledge instrumental or emotional support or appreciate the time and flexibility to recover from distress. Research links receiving compassion at work to life satisfaction, well-being, organizational commitment, and job performance (Buonomo, Santoro, et al., 2022; Chu, 2016; Ko et al., 2022; Lilius et al., 2008; Moon et al., 2016; Trzeciak et al., 2019). Receiving compassion from supervisors is particularly impactful as it legitimizes compassion within the organization (Simpson et al., 2021).

Given and Received Compassion

Organizational compassion involves noticing, feeling, and acting among members (Kanov et al., 2004). These processes are reinforced through public values, practices, and routines (Dutton et al., 2006, 2014). Lilius et al. (2011) identify seven key routines fostering collective compassion, including acknowledging accomplishments, engaging in bounded play, celebrating achievements, participating in decision-making, offering assistance, orienting toward others' needs, and addressing problems.

Objectives of the Review

This review has two main objectives: 1. to organize current CAW literature based on the three orientations (given, received, both); 2. to describe and compare scales measuring each orientation and their use in current research. As previously discussed, the CAW theoretical literature can be categorized into three main orientations, which the existing scales replicate. Therefore, we have adopted this categorization for this review.

This review may expand the academic understanding of CAW and its workplace application. Studies show that giving and receiving compassion at work fosters employee thriving and organizational effectiveness (e.g., Salminen-Tuomaala & Seppälä, 2023). This is true across different sectors and contexts (Dutton et al., 2007; Hur et al., 2016). CAW requires employees to balance compassionate behaviors

with job demands, benefiting the organization and its mission (Aboul-Ela, 2017; Dutton et al., 2014; Lilius et al., 2011). Thus, measures assessing compassion in organizational settings must consider these needs to understand why people show compassionate behaviors at work and how these interact with job demands and organizational processes.

Understanding the impact of two types of measures on workplace compassion literature is necessary: compassion measures assessing a disposition to show this care toward others and "situational" measures where compassionate behaviors result from multiple factors (e.g., employee role, goals, culture, structures). This review focuses on CAW measurement tools and general compassion measures applied to organizational contexts. It will examine technical aspects, work context applicability, and CAW antecedents and consequences for both categories.

Methods

Measures on CAW were selected through two processes: 1. for measures specifically built to assess CAW, validation papers or papers using the measure in organizational contexts were selected; 2. for general measures of compassion applied to the organizational field, papers using the tool within organizations were selected followed by the retrieval of validation papers for psychometric information about their validation process (refer to Tables 1, 2, and 3). Psychometric properties (e.g., reliability, validity, and factor structure) and information on the study population and organizational context are crucial in assessing the scales' robustness and suitability and identifying the most appropriate tools for specific research.

The paper selection adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (Page et al., 2021) to ensure a rigorous review. Following PRISMA, preliminary eligibility criteria included:

1. Language (English), as it is the main language in academia and to properly compare papers
2. Full-text availability, to fully assess their methodology and relevance to the topic
3. Peer-reviewed journals to maintain the quality and credibility of findings
4. Publication date (2008-2024) since the earliest paper we found was from 2008.

Additional inclusion criteria:

5. Quantitative methodology, being the most suitable for validation papers and for CAW applicative studies
6. Sample composition. The sample for CAW assessment included only workers from all backgrounds. Occasionally, we used scales validated on undergraduate students if the authors targeted professional contexts. We also included generic compassion scales validated on the general population if used in studies involving worker samples.

Search Strategy

Databases such as PsycINFO on EBSCOhost, Scopus, and Google Scholar were searched using the following keywords:

"compassion" OR "compassion at work" OR "compassionate leadership" OR "organizational compassion" (1° string)

AND

"measure" OR "scale" OR "questionnaire" OR "instrument" (2° string)

NOT "self-compassion" (3° string).

Data Collection Process

Following PRISMA guidelines, the data collection process included four steps (see Figure 1). In Step 1 (Identification), papers were retrieved from PsycINFO on EBSCOhost, with additional searches on Scopus and Google Scholar. For PsycINFO papers, the automated tool filtered out non-English and non-peer-reviewed articles within a specific time frame.

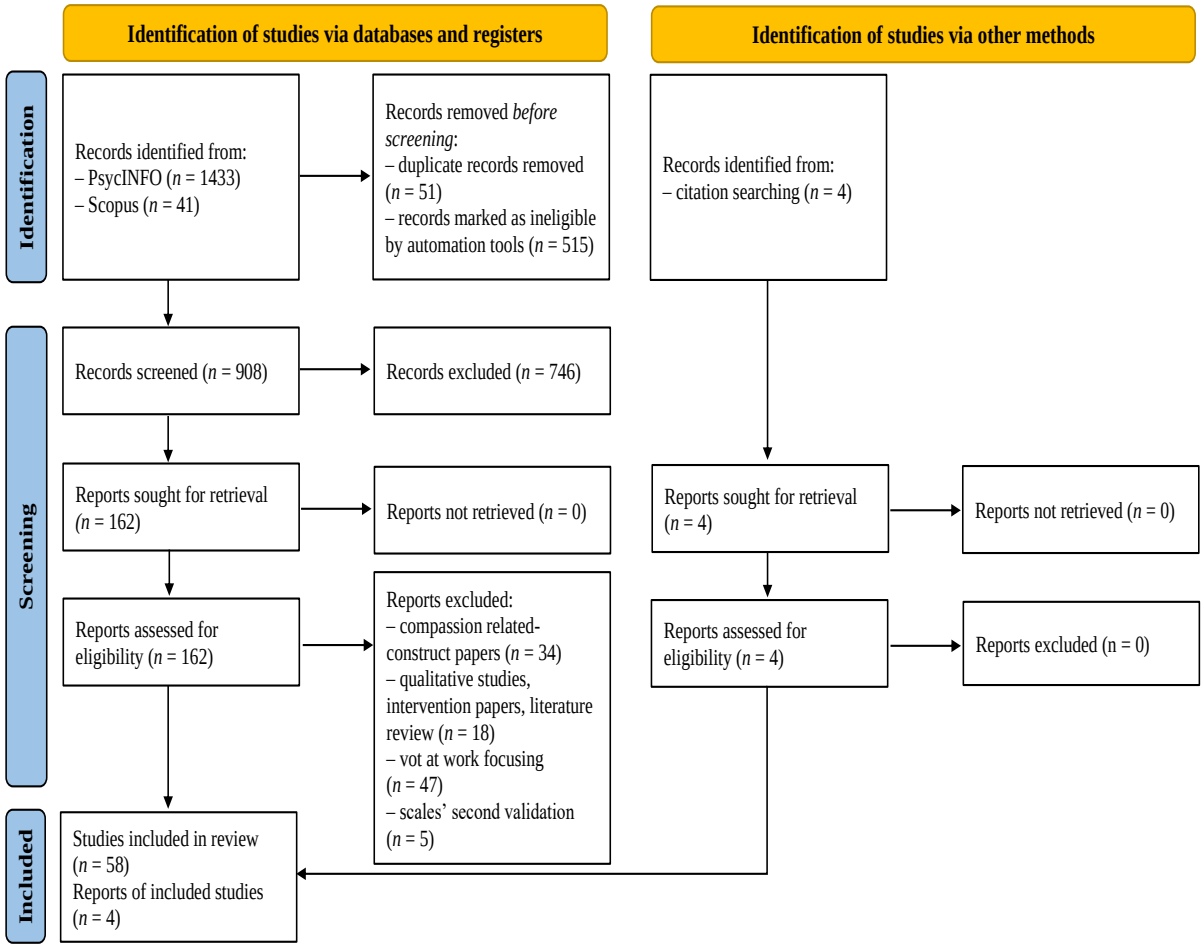

FIGURE 1
Study selection process

In Step 2 (Screening), references were compiled in Zotero, duplicates were removed, and a list of papers for content analysis was created. Nine hundred and eight abstracts, 867 from PsycINFO and 41 from Scopus, were read to determine inclusion. We applied the exclusion criteria outlined below. In Step 3 (Eligibility; see "Screening"), papers meeting the criteria were identified. One hundred and sixty-two papers were read in full text, and of these, 104 did not meet the inclusion criteria. For CAW scales, no original validations were excluded. In CAW quantitative papers, the following scales unrelated to CAW were excluded: deviating from the topic (generic, religious, or spiritual scales); measuring distinct construct (e.g., empathy, self-compassion, altruism, prosocial behaviors, mindfulness); measuring perceptions from patients or clients rather than workers (e.g., patient-reported scales) as well as compassion outcomes related to users (e.g., compassion fatigue and satisfaction); scales developed for general population (e.g., adults, adolescents). Methodologically, single-item scales and semantic differential scales were excluded, as they do not fully capture the CAW multidimensional nature. Regarding CAW studies in which scales were retrieved, qualitative and intervention papers were excluded because qualitative studies lack questionnaire use, and intervention papers may not provide data to assess validity and reliability across organizational contexts. In Step 4 (Included), 15 CAW instruments from 62 published papers were selected. Of these, 12 were built for the organizational context, and three were general measures used in organizational contexts. Fifty-eight papers were identified through the main search, with four additional validation papers from Google Scholar. Table 1 lists the fifteen selected measures of compassion at work, including measurement constructs, specific domains, number of items, Likert-type scale, study population, organizational context, and the number of studies using the measure.

RESULTS

According to the literature analyzed, the 15 selected scales were reorganized into three orientations: given compassion, received compassion, and given and received compassion. Tables 2 and 3 show the psychometric characteristics of each scale and subscale, respectively, including:

- Content validity (type of target consulted in item generation)
- Analysis to verify the model underneath the scale or subscale
- Factor structure model (dimensionality)
- Convergent validity (correlation among CAW and related constructs)
- Internal consistency (Cronbach alpha value) and test-retest reliability
- Interpretability (how score differences can be interpreted)
- Floor and ceiling effect.

The following paragraphs describe the scales in each orientation category. For each scale, when available, the information provided includes key details, the theoretical framework, and a review of the scale's use in organizational settings. For further details on validation procedures and statistical profiles, refer to Tables 2 and 3. Table 2 is dedicated to the scales, while Table 3 focuses on the subscales, offering a detailed presentation of their validation and statistical profiles.

TABLE 1
Scales characteristics

Construct	Authors and years	Name of the scale	Instrument measured dimensions	Number of items	Likert-type scale	Study population (item development and validation)	Organizational context directing	Number of studies that used the scale
Given compassion	Shiota et al., 2006	Compassion subdimension of the Dispositional Positive Emotion Scale (DPES-C)	Compassion	5	7-point Likert scale, from 1 (*strongly disagree*) to 7 (*strongly agree*)	108 undergraduate students	Not specified	3
	Hwang et al., 2008	Santa Clara Brief Compassion Scale (SCBCS)	Compassion	5	7-point Likert scale from 1 (*not at all true of me*) to 7 (*very true of me*)	223 undergraduate students	Not specified	4
	Petchsawang & Duchon, 2009	Compassion subdimension of the Workplace Spirituality Measure	Compassion	4	5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*)	206 employees	Asian, Buddhist-centric workplace	4
	Kim et al., 2013	Compassion subdimension of the Public Service Motivation (PSM-C)	Compassion	4	5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*)	2868 civil servants	Not specified	1
	Lee & Seomun, 2016	Compassion Competence Scale (CCS)	Communication, sensitivity, insight	17	5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*)	660 nurses	Nursing profession	1
	Durkin et al., 2020	Bolton Compassion Strengths Indicators (BSCI)	Self-care, character, empathy, connection, interpersonal skills, engagement, competence, communication	48	6-point Likert scale from 1 (*definitely not like me*) to 6 (*definitely like me*)	421 undergraduate nursing students	Nursing profession	0

(table 1 continues)

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Table 1 (continued)

Construct	Authors and years	Name of the scale	Instrument measured dimensions	Number of items	Likert-type scale	Study population (item development and validation)	Organizational context directing	Number of studies that used the scale
(Given compassion)	Gu et al., 2020	Sussex-Oxford Compassion Scale for Others (SOCS-O)	Recognizing, understanding, feeling, tolerating, motivating	20	5-point Likert scale from 1 (*not at all true*) to 5 (*always true*)	932 (first group) healthcare staff, 1242 (second group) healthcare staff, 371 undergraduate students	Healthcare professionals	2
	Pommier et al., 2020	Compassion Scale (CS)	Kindness, common humanity, mindfulness, indifference	16	5-point Likert scale from 1 (*almost never*) to 5 (*almost always*)	465 (first group) students, 510 (second group) students, 1394 community sample (third group), 172 Buddhist meditation practitioners, 913 (fifth group) community sample	General population	5
	Tehranineshat et al., 2021	Compassionate Care Questionnaire for Nurses	Professional performance, continuous follow-up, patient-centered performance, empathic communication	28	5-point Likert scale from 1 (*not important at all*) to 5 (*very important*)	420 nurses	Nursing profession	0
	Sansó et al., 2022	Compassionate Leadership Self-Reported Scale	Attending, understanding, empathizing, helping	16	5-point Likert scale from 1 (*completely disagree*) to 5 (*completely agree*)	296 healthcare end-of-life professionals	Healthcare professionals	0
	Mandliya & Pandey, 2023	Workplace Compassion Scale	Noticing, empathizing, sense-making, acting	12	7-point Likert scale from 1 (*almost nerve true*) to 7 (*almost always true*)	406 (first group) employees, 276 (second group) employees	Generical employees	0

(table 1 continues)

Table 1 (continued)

Construct	Authors and years	Name of the scale	Instrument measured dimensions	Number of items	Likert-type scale	Study population (item development and validation)	Organizational context directing	Number of studies that used the scale
Received compassion	Lilius et al., 2008	Compassion in the Workplace	Compassion	3	5-point Likert scale from 1 (*never*) to 5 (*nearly all the time*)	2400 healthcare workers	Not specified	25
	Shuck et al., 2019	Compassionate Leader Behavior Index (CLBI)	Empathy, integrity, presence, dignity, authenticity, accountability	24	5-point Likert scale, from 1 (*strongly disagree*) to 5 (*fully agree*)	1067 employees	Generical employees	1
Given and received compassion	Cameron et al., 2004	Compassion subdimension of the Organizational Virtuousness Scale (OVS-C)	Compassion	3	5-point Likert scale from 1 (*very low*) to 5 (*very high*)	804 employees	Generical employees	1
	Nolan et al., 2022	Compassion Climate (CC) and Compassion Practices Scale	CC and acknowledging, addressing problems directly, bounded playing, celebrating, collective decision making, workload help offering, orienting	26	5-point Likert scale from 1 (*disagree*) to 5 (*agree*)	357 employees	Generical employees	0

Note. The papers are ordered according to the publication year of the validation paper of each scale, for each category of the construct.

TABLE 2
Psychometric characteristics of Compassion Scale as reported in the validation paper

Construct	Authors and year	Instrument	Aspects of construct validity			Reliability			Interpretability	Floor and ceiling effect
			Content validity	Factor analysis	Convergent validity	Discriminant validity	Cronbach's α	Test-retest		
Given compassion	Hwang et al., 2008	SCBCS	Not reported	EFA: one factor, explained 71.05% of the variance	CLS (r = .95), empathic concern subscale of IRI (r = .65), VIQ (r = .48), SCSORF (r = .27)	Not reported	Total scale: α = .90	Not reported	Women > man	Not reported
	Lee & Seomun, 2016	CCS	10 experts not specified, 10 nurses	EFA: 3-factor model, explained 55.94% of the variance	ECS (r = .68), CLS (r = .62), IRI (r = .41)	Not reported	Total scale: α = .91 subscales: α = .73 to .88	Total scale: r = .80	Not reported	Not reported
	Durkin et al., 2020	BSCI	Experts in psychology and nursing	CFA: poor fit of a unidimensional model (χ^2/df = 1.79; TLI = .79; CFI = .81; RMSEA = .05, 90% CI [.04, .05]; SRMR = .06). CFA revealed that each of the eight compassion strength indicators were theoretically and statistically valid (a priori 8-factor model)	Compassion satisfaction subscale of the ProQOL (r = .64), TEQ (r = .45), sWEMWBS (r = .34)	Burnout subscale of ProQOL (r = –.34)	Total scale: α = .85 subscales: α =.55 to .85	Total scale: r = .86 subscales: r = .54 to .87	Not reported	Not reported

(table 2 continues)

Table 2 (continued)

Construct	Authors and year	Instrument	Aspects of construct validity			Reliability			Interpretability	Floor and ceiling effect
			Content validity	Factor analysis	Convergent validity	Discriminant validity	Cronbach's α	Test-retest		
(Given compassion)	Gu et al., 2020	SOCS-O	22 English-speaking experts in contemplative approaches in different cultural contexts, 15 undergraduate students	CFA: 5-factor hierarchical model with first-order factor is the best fit ($\chi^2(165)$ = 475.491; CFI = .97; RMSEA = .04, 90% CI [.04, .04]; NNFI = .97; SRMR = .03; AIC = 38174.744)*	SCBCS (r = .65), empathic concern and perspective-taking subscales of the IRI (r = .64, r = .54)	Personal distress subscale of the IRI (r = –.16)	Total scale: α = .94* subscales: α =.74 to .92*	Not reported	Women > man; No meditation experience < 1-5 year, over five years of meditation*	0.1% the lowest possible score, 1,6% the higher possible score*
	Pommier et al., 2020	CS	Six researchers, two practitioners familiar with Buddhist compassion practices	CFA, ESEM, bifactor CFA, and bifactor ESEM were performed. Bifactor ESEM is the best fit: 4*r*-factor with first-order factor ($\chi^2(50)$ = 103.199; RMSEA =.03, 90% CI [.02, .35]; CFI = .10; TLI = .10) **	CLS (r = .65), empathic concern subscale of IRI (r = .78)	Social desirability subscale of MCSDS (r = .16)	Total scale: α = .90** subscales: α = .72 to 84**	Total scale: r =. 81 subscales: r = .60 to .75	Women > man	Not reported
	Tehranineshat et al., 2021	Compassionate Care Questionnaire for Nurses	15 expert nurses	CFA: 4-factor model ($\chi^2(347)$ = 723.185; RMSEA = .05, 90% CI [.89, .96]; CFI = .95; TLI = .95)	CBI-42 (r = .67).	Not reported	Total scale: α = .89 subscales: α = .70 to .83	Not reported	Not reported	Not significant differences

(table 2 continues)

Table 2 (continued)

Construct	Authors and year	Instrument	Aspects of construct validity			Reliability			Interpretability	Floor and ceiling effect
			Content validity	Factor analysis	Convergent validity	Discriminant validity	Cronbach's α	Test-retest		
(Given compassion)	Sansó et al., 2022	Compassionate Leadership Self-Reported Scale	Researcher	CFA: 4-factor model ($\chi^2(98)$ = 277.595, p < .001; SRMR = .045; RMSEA = .09, 90% CI [.08, .10]; CFI = .99)	Not reported	Not reported	Subscales: attending α = .96; Understanding α = .72; Empathizing α = .86; Helping α = .87	Not reported	Man > woman (understanding dimension)	Not reported
	Mandliya & Pandey, 2023	Workplace Compassion Scale	10 PhD students experts in organizational behavior and human resource management	CFA: 4-factor model ($\chi^2/df(59)$ = 112.057; GFI = .94; AGFI = .91; CFI = .98; SRMR = .05; RMSEA = .06; TLI = .98)	AVE > .50 (all dimensions), AVE < CR	AVE > MSV (all dimensions)	Total scale: α = .93 subscales: α = .88 to .91	Not reported	Not reported	Not reported
Received compassion	Lilius et al., 2008	Compassion in the Workplace	Not reported	EFA: one factor, explained 70% of the variance	Not reported	Not reported	α = .79	Not reported	Not significant differences for age, gender, education, tenure, or level in the organization	Not reported
	Shuck et al., 2019	CLBI	22 leaders of for-profit and nonprofit organizations	SEM: bifactor model with a primary compassion factor and domain-specific factors is the best fit ($\chi^2(228)$ = 1,230.76, p < .001; CFI = .99; RMSEA = .06)	Not reported	Not reported	α =.98	Not reported	Not reported	Not reported

(table 2 continues)

Table 2 (continued)

Construct	Authors and year	Instrument	Aspects of construct validity			Reliability			Interpretability	Floor and ceiling effect
			Content validity	Factor analysis	Convergent validity	Discriminant validity	Cronbach's α	Test-retest		
Given and received compassion	Nolan et al., 2022	Compassion Climate (CC) and Compassion Practices Scale	13 experts from SMEs and PhD students in psychology	CFA: CC one factor model: $\chi^2 = 1.526$, $p = .466$; RMSEA = .00; SRMR = .01; CFI = 1.00; TLI = 1.00; 8-factor model: $\chi^2(271) = 347.500$; CFI = .98; TLI = .98; RMSEA = .03; SRMR = .04	Team trust ($r = .57$ to .73), climate of authenticity ($r = .46$ to .58)	Team task cohesion ($r = .13$ to .41), team social cohesion ($r = .19$ to .39), empathic concern ($r = .15$ to .25), perspective taking ($r = .15$ to .31)	CC: α = .77 seven everyday practices: α = .79 to 89	Not reported	Not significant differences	Not reported

Note. The papers are ordered according to the publication year of the validation paper of each scale, for each category of the construct. SCBCS = Santa Clara Brief Compassion Scale; EFA = exploratory factor analysis; CLS = Compassionate Love Scale; IRI = Interpersonal Reactivity Index; VIQ = Vocational Identity Scale; SCSORF = Santa Clara Strength of Religious Faith Questionnaire; CCS = Compassion Competence Scale; ECS = Emotional Competence Scale; BSCI = Bolton Compassion Strengths Indicators; CFA = confirmatory factor analysis; TLI = Tucker-Lewis index; CFI = comparative fit index; RMSEA = root-mean-square error of approximation; CI = confidence interval; SRMR = standardized root-mean-square residual; ProQOL = Professional Quality of Life; TEQ = Toronto Empathy Questionnaire; SWEMWBS = Short Warwick-Edinburgh Mental Well-Being Scale; SOCS-O = Sussex-Oxford Compassion Scale for Others; NNFI = nonnormed fit index; AIC = Akaike information criterion; CS = Compassion Scale; ESEM = exploratory structural equation modelling; MCSDS = The Marlowe-Crowne Social Desirability Scale; CBI-42 = Caring Behaviors Inventory; GFI = goodness of fit; AGFI = adjusted goodness of fit; AVE = average variance extracted; CR = composite reliability; MSV = Maximum Shared Variance; CLBI = The Compassionate Leader Behavior Index; SEM = structural equation modeling; SMEs = small and medium enterprises.
* The data refer to the validation with the largest sample. For reasons of sample size, data refer to the first validation study.** The data refer to the validation with the largest sample. For reasons of sample size, data refer to the fourth validation study.

TABLE 3
Psychometric characteristics of compassion subscales as reported in the validation paper

Construct	Authors and year	Instrument	Aspects of construct validity			Reliability		Interpret.	Floor and ceiling effect
			Content validity	Factor analysis	Convergent and discriminant validity	Cronbach's α coefficient	Test-retest		
Given compassion	Shiota et al., 2006	DPES-C	Not reported	Not reported	Compassion subscale with NEO-PIR (extraversion r = .33, agreeableness r = .49, openness to experience r =. 40); Compassion suscale with ECR (r = –.24)	Compassion subscale: α =.80	Not reported	Not reported	Not reported
	Petchsawang & Duchon, 2009	Spirituality in the workplace measure	Thai language experts	CFA: 4-factor model (χ^2 (201) = 312.575; CFI = .92; RMSEA = .05)	Not reported	Compassion subscale: α = .63	Not reported	Not reported	Not reported
	Kim et al., 2013	PSM-C	Six research experts	CFA: 4-factor model: ($SB\chi^2$(98) = 564.1; CFI = .99; RMSEA = .04, 90% CI [.04, .044]; SRMR = .04)	Not reported	Compassion subscale: α = .87	Not reported	Not reported	Not reported
Given and received compassion	Cameron et al., 2004	OV-C	Not reported	PAF: 5-factor model explained the 71.6% of the variance	Not reported	Compassion subscale: α = .89	Not reported	Not reported	Not reported

Note. The papers are ordered according to the publication year of the validation paper of each scale, for each category of the construct. Interpret. = interpretability; DPES-C = compassion subdimension of the Dispositional Positive Emotion Scales; NEO-PIR = The Big Five; ECR = The Experience in Close Relationships questionnaire; CFA = confirmatory factor analysis; CFI = comparative fit index; RMSEA = root-mean-square error of approximation; PSM-C = compassion subdimension of Public Service Motivation; $SB\chi^2$ = Satorra-Bentler scaled-chi square; SRMR = standardized root-mean square residual; OV-C = compassion subdimensions of the Organizational Virtuousness Scale; PAF = principal axis factor analysis.

Given Compassion (at Work)

Based on their contents, the given compassion scales may be split into two subcategories: *dispositional given compassion* and *given compassion at work (CAW)*.

Dispositional Given Compassion

The scales in this category were included for one of the following reasons: 1) the construct of the scale is labeled as dispositional for theoretical reasons; 2) the scale is claimed as measuring a disposition

toward being compassionate in at least one validation paper; 3) the content validity of the scale was tested with dispositional measures of compassion; 4) the content of the items refers to stable compassionate predispositions toward other people. In any case, we are referring to dispositional scales having been used in organizational research.

This subcategory includes the following scales:

Compassion subdimension of the Dispositional Positive Emotion Scales (DPES-C) (Shiota et al., 2006). The DPES-C evaluates seven positive emotions: compassion, joy, contentment, pride, love, amusement, and awe. Out of a total of 38 items, five measure dispositional compassion. Participants rate their agreement with each item on a 7-point Likert scale (from 1 = *strongly disagree* to 7 = *strongly agree*). Shiota et al.'s (2006) concept of dispositional compassion is grounded in Bowlby's attachment theory, suggesting that individuals with secure attachment styles display more compassion than those with insecure styles. Compared to other dispositional scales, the DPES-C has a theoretical framework that deviates from compassion models and theories commonly used in the literature. Nevertheless, it shares the fundamental idea of recognizing others' suffering and being motivated to help.

Despite DPES-C being used to assess given CAW, the scale was not specifically built for workers. However, a few aspects should be acknowledged when considering the scale's content and its suitability for the organizational context. Firstly, the absence of a precise definition of compassion (e.g., "I am a very compassionate person") may cause participants ambiguity and subjective interpretation. Furthermore, some items exhibit a highly emotional tone (e.g., "When I see someone hurt or in need, I feel a powerful urge to take care of them" and "Taking care of others gives me a warm feeling inside"). While such compassionate expressions may resonate with personal relationships, they may not suit workplace interactions with colleagues or supervisors. To the best of our knowledge, two studies adapted the DPES-C to measure leaders' compassion disposition in the context of private organizations (Peng et al., 2017) and team-level compassion in manufacturing firms (Ginting-Szczesny et al., 2023).

Santa Clara Brief Compassion Scale (SCBCS) (Hwang et al., 2008). The SCBCS is a shortened version of the Compassionate Love Scale (CLS; Sprecher & Fehr, 2005). The SCBCS consists of five items rated on a 7-point Likert scale (1 = *not at all true of me* to 7 = *very true of me*) and measures a general construct of compassion without specific dimensions.

The SCBCS conceptualizes compassion as behaviors, feelings, and thoughts expressing concern and support for those in pain, applicable to all humanity, regardless of relational closeness. While widely used to measure general dispositional compassion (Hwang et al., 2008), the SCBCS has limitations in workplace applications. Two items mention compassion without defining it, potentially leading to confusion with similar feelings (Strauss et al., 2016). Additionally, the SCBCS is linked to a spiritual or religious understanding of compassion, with evidence of convergent validity with measures of religious faith and vocational identity (Hwang et al., 2008; Sprecher & Fehr, 2005), which may affect its suitability in organizational contexts. Moreover, the scale's emphatic emotional tone might seem exaggerated in the workplace (e.g., "One of the activities that provide me with the most meaning to my life is helping others in the world when they need help"). The items indicate experiencing compassion even toward strangers (e.g., "I often have tender feelings toward people strangers"), which may not align well with workplace interactions.

Two studies found a positive association between SCBCS and work engagement in teachers (De Stasio et al., 2019, 2020), suggesting its suitability for compassionate professions like teaching (Buonomo, Pansini, et al., 2022). It might also be relevant in the nonprofit sector, given its focus on helping others, including strangers (Tanner, 2020). Overall, the SCBCS is a feasible measure of dispositional given CAW if researchers aim to study how personal dispositions influence work experiences.

Compassion subdimension of Workplace Spirituality Measure (Petchsawang & Duchon, 2009). The Workplace Spirituality Measure assesses four components: compassion, mindfulness, meaningful work, and transcendence. It consists of 22 items, of which four measure compassion. Workers rate their agreement with each item on a 5-point Likert scale (from 1 = *strongly disagree* to 5 = *strongly agree*). This scale assesses spirituality in the workplace, where individuals express their interior life through meaningful work, moving beyond self-interest, and contributing to the community (Milliman et al., 2003).

Building on Delgado's (2005) conception, compassion is operationalized as the desire to care for and support coworkers in suffering (e.g., "I try to help my coworkers relieve their suffering"). Overall, items express a disposition to be compassionate toward others, and there are no references to a specific work context, making them potentially applicable to several organizational settings.

Research shows that items can be adapted from the individual to the organizational level (e.g., "My organization tries to help us relieve suffering at the workplace"; Koon, 2022; "Employees try to help their coworkers relieve their suffering"; Barghouti et al., 2023; Guinot et al., 2020). In this regard, future research could explore compassionate leadership by administering the scale as a self-report for leaders or adapting it for employees. Finally, although developed in an Asian context, findings by Guinot et al. (2020) and Barghouti et al. (2023) suggest it also fits Western contexts. Petchsawang and Duchon (2009) highlight that, despite its validation among employees with a strong Buddhist tradition, the underlying conceptualizations of spirituality are familiar in North American work contexts.

Compassion subdimension of Public Service Motivation (PSM-C) (Kim et al., 2013). The PSM-C scale assesses four dimensions: compassion, attraction to public service, commitment to public values, and self-sacrifice. Each of these dimensions has four items for a total of 16 items, which are measured with a 5-point Likert scale (from 1 = *strongly disagree* to 5 = *strongly agree*).

The public service sector implies providing services that impact individuals and society positively (Kim et al., 2013). Compassion here is based on the ability to identify with and concern for individuals and groups from specific social categories or political systems, while acknowledging their needs. Consequently, the PSM-C captures the degree to which social workers identify with the needs and suffering of others, by assessing the disposition to being sympathetic, feeling empathy for those facing difficulties, and anger for those experiencing injustice (e.g., "I feel sympathetic to the plight of the underprivileged"). Thus, the scale measures the emotional dimension of compassion, while considering neither the cognitive dimension, related to recognizing others' suffering, nor the behavioral one, which represents the motivational drive for helping others. To the best of our knowledge, no studies have applied the PSM-C to a sample of social workers. Mauno et al. (2016), instead, applied the PSM-C to a sample of Finnish nurses, reporting the buffering effect of this specific emotional component of compassion in the relationship between emotional labor and work engagement.

Sussex-Oxford Compassion Scale for Others (SOCS-O) (Gu et al., 2020). The SOCS-O scale, developed by Gu et al. (2020), operationalizes the 5-dimension model of compassion proposed by Strauss et al. (2016): recognizing, understanding, feeling, tolerating, and motivating. It comprises 20 items rated on a 5-point Likert scale (from 1 = *not at all true* to 5 = *always true*) and is designed for use with adults in the general population and healthcare staff.

The SOCS-O measures dispositional compassion, focusing on these processes: 1. recognizing suffering (e.g., "I recognize when other people are feeling distressed without them having to tell me"); 2. understanding the universality of suffering (e.g., "I understand that feeling upset at times is part of human nature"); 3. feeling empathy and connecting with distress (e.g., "When someone is upset, I try to tune in to how they're feeling"); 4. tolerating uncomfortable feelings (e.g., "When someone else is upset, I try to stay open to their feelings rather than avoid them"); 5. motivation to alleviate suffering (e.g., "When I see

someone in need, I try to do what's best for them"). The scale does not specify concrete compassionate actions, making it applicable across various helping professions.

Lucarini et al. (2023) validated the original factor structure and found support for a general dispositional compassion factor. Their network topology analysis revealed that the core of dispositional compassion comprises concern, kindness, and care (*feeling*), which relate to understanding others' pain (*universality*) and the urge to alleviate it (*acting*).

To the best of our knowledge, only two studies have used the SOCS-O in healthcare. Abbasi Sooreshjani et al. (2023) found that recognizing and tolerating mediated the link between mindfulness and therapeutic ability in therapists. Naseri et al. (2022) found that nurses scored highest in universality and lowest in tolerating, indicating that understanding suffering is more acceptable than tolerating uncomfortable feelings in nurse-patient relationships.

Compassion Scale (CS) (Pommier et al., 2020). The CS is a brief version of Pommier's 2010 scale. The original CS has 24 items in six dimensions: three for compassionate response (kindness, common humanity, mindfulness) and three for uncompassionate response (indifference, separation, disengagement). This structure aligns with Neff's self-compassion theory (Neff, 2003), balancing each compassion dimension with an uncompassionate side. The revised CS (2020) has 16 items assessing four dimensions: kindness, common humanity, mindfulness, and indifference. Respondents rate items on a 5-point Likert scale (1 = *almost never* to 5 = *almost always*).

The CS and SCS (Self-Compassion Scale; Lee & Scomun, 2016) share the same theoretical model, but condensing the three original uncompassionate responses into a single "indifference" dimension suggests that uncompassionate responses differ when directed at oneself versus others. Additionally, there is only a moderate correlation between the two scales, with samples showing higher levels of compassion for others than for themselves, indicating that people tend to be more compassionate toward others than themselves.

In a recent validation, Lucarini et al. (2023) confirmed a general dispositional compassion factor. Testing the link between CS and SOCS-O (Gu et al., 2020), they found that kindness (CS) and feeling (SOCS-O) were central components. These depend on the ability to tune into others' pain (CS mindfulness, SOCS-O universality) and the urge to alleviate it (SOCS-O acting).

Although initially intended for the general population, the CS has been effectively applied in service (Pradhan et al., 2022; Zoghbi-Manrique-de-Lara et al., 2023; Wee & Fehr, 2021) and healthcare organizations (San Román-Niaves et al., 2022). Wee and Fehr (2021) adapted items from the kindness and mindfulness dimensions to measure team compassionate behavior (e.g., "My team likes to be there for members in times of difficulty"). Pradhan et al. (2022) found that high compassion levels are linked to greater happiness at work, indicating that compassionate employees are more motivated to alleviate others' suffering, leading to joy and satisfaction. San Román-Niaves et al. (2022) showed that compassion mediated the link between social job resources and performance outcomes in healthcare professionals.

Given Compassion at Work (CAW)

This category includes scales that assess CAW using a situational and process-oriented approach. These scales focus on skills, competencies, and behaviors involved in expressing compassion or the stages of developing compassion in the workplace, rather than workers' intrinsic predisposition to compassion. This subcategory includes the following scales:

Compassion Competence Scale (CCS) (Lee & Seomun, 2016). The CCS evaluates key compassionate skills in nursing. It consists of 17 items and assesses three dimensions: communication, sensitivity, and insight. Nurses rate items on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*).

The CCS aims to assess relational, empathic, and emotional competencies in nurse-patient interactions. It also correlates with other measures of emotional competencies (e.g., Emotional Competence Scale; Park & Lee, 2011). Emotional competencies are represented as specific nursing behaviors and were operationalized as follows: the first factor, communication, is the ability to communicate effectively with patients, demonstrating understanding and maintaining professional distance (e.g., "When communicating with patients, I respond to them with proper nonverbal presentation"). The second, sensitivity, is the ability to recognize patients' emotional states through careful observation and moderate one's behavior accordingly (e.g., "I am careful in my speech and behaviors to avoid hurting my patient's feelings"). The last, insight, is the ability to acknowledge patients' needs based on one's professional experience and empathy (e.g., "I offer customized care to patients by taking their characteristics into consideration").

To date, only one study (Woo & Kim, 2020) has used the CCS, showing a negative association between workplace incivility and nurses' compassion competence. It is important to note that the study was conducted in South Korea, where the scale was validated. Thus, its use in other cultural contexts remains unexplored.

Bolton Compassion Strengths Indicators (BSCI) (Durkin et al., 2020). The BSCI evaluates nurses' ability to display compassionate behaviors toward their patients: competence, interpersonal skills, communication, engagement, character, self-care, connection, and empathy. The 48-item scale, designed for both professional and student nurses, uses a 6-point Likert scale from 1 (*definitely not like me*) to 6 (*definitely like me*). The Compassion Strengths Indicators (Durkin et al., 2019) derive from five qualities identified by Durkin (2017): emotional attunement, nonjudgmental self-assessment, positive encouragement, body language awareness, self-compassion, and patience with job demands. These qualities guide compassionate nursing practice and form the basis for the BSCI. The scale identifies strengths and areas for improvement, helping nursing students understand their strengths and weaknesses, facilitating personal growth, and improving care quality.

Overall, the BSCI can be considered as a situational compassion-for-others scale with several facets. Firstly, there are four situational dimensions (e.g., competence, interpersonal skills, communication, and empathy) that describe nurses' actions to manifest compassionate and caring behavior toward patients. Additionally, there are three dimensions (e.g., engagement, character, connection) including both situational and dispositional aspects. These dimensions include items assessing an intrinsic tendency to be empathic with patients and items assessing expected or enacted behaviors at work, thus qualifying as both dispositional and situational. Finally, the self-care dimension assesses the nurses' disposition to be self-compassionate. To the best of our knowledge, BSCI has only been applied to a sample of nursing students (e.g., Durkin et al., 2022), and there are no studies involving professional nurses.

Compassionate Care Questionnaire for Nurses (Tehranineshat et al., 2021). The Compassionate Care Questionnaire for Nurses consists of 28 items assessing four dimensions: professional performance, continuous follow-up, patient-centered performance, and empathic communication. Nurses rate the importance of each statement on a 5-point Likert scale (1 = *not important at all* to 5 = *very important*).

This scale emphasizes professional principles and adherence to ethical and medical codes, reflecting respect for patients in various facets. The four dimensions are: a) professional performance, namely the delivering care in line with medical principles, ensuring patient safety and privacy, and respecting personal beliefs and socioeconomic, religious, and cultural status (e.g., "I take the necessary measures to maintain my patients' safety"); b) continuous follow-up, namely, managing and monitoring patient care, offering practical and

emotional support (e.g., "During my work shift, according to the conditions of my patients, I monitor them frequently by being present at their bedside"); c) patient-centered performance, namely, respecting patient independence, their freedom to choose care, and addressing spiritual needs (e.g., "I respect my patients' independence"); d) empathic communication, namely, building trust through recognizing patients' uniqueness and effective communication (e.g., "I use my verbal communication skills — simple and clear speech and feedback — during care"). The scale focuses more on ethical and professional aspects of nursing care rather than emotional and empathetic components, possibly due to its development process involving interviews with nurses, patients, and caregivers in specialized units (ICU, hemodialysis, emergency). From a research perspective, this instrument has not yet been applied in CAW studies.

Compassionate Leadership Self-Reported Scale (Sansó et al., 2022). The Compassionate Leadership Self-Reported Scale is composed of 16 items with a 5-point Likert scale (from 1 = *completely disagree* to 5 = *completely agree*). It assesses four leadership components: attending, understanding, empathizing, and helping. The scale operationalized the compassionate leadership model (West & Chowla, 2017) wherein the leader implements four key elements into their relationship with followers: attending, paying attention to the followers, and discerning their suffering (e.g., "I give full attention when members of the team describe challenges they face"); understanding, analyzing objectively the cause of the other's suffering (e.g., "I take time to understand carefully the causes of the problems"); empathizing, having an empathy response by putting yourself in the other person's shoes ("I am emotionally in touch with others' feelings when they are upset"); helping, taking effective action to alleviate other's suffering (e.g., "I deal effectively with problems in order to help others").

The scale primarily reflects a situational orientation, indicating a leader's intention to behave compassionately in the workplace. The "empathizing" dimension also reflects a dispositional orientation, showing the leader's empathetic attitude (e.g., "I am genuinely warm and empathetic").

Notably, the items avoid explicit references to followers or subordinates, using terms like "team members, " "team, " "people, " and "others. " This phrasing likely facilitated the scale's application to healthcare professionals. This generalization allows the scale to be applied to both leaders and employees, providing insights into compassionate interactions among organizational members (i.e., relationships between coworkers). However, it may limit the understanding of leader-follower dynamics: as a self-report measure, it may be influenced by social desirability bias, especially in leadership roles within care-based organizations. From the perspective of research impact, this instrument has not yet been applied in CAW studies.

Workplace Compassion Scale (Mandliya & Pandey, 2023). The Workplace Compassion Scale assesses four dimensions through 12 items: noticing, empathizing, sense making, and acting. Each item is answered through a 7-point Likert scale (from 1 = *almost never true* to 1 = *almost always true*).

The authors aimed to develop a scale measuring individual compassionate responses in the workplace. As a theoretical framework, they adopted the organizational compassion model proposed by Atkins and Parker (2012), according to which compassion involves four stages in the workplace: noticing, appraising, empathizing, and acting. Departing from the original model, Mandliya and Pandey (2023) assert that these steps are not necessarily sequential: noticing (e.g., "I notice the feeling of discomfort experienced by people in my workplace"), empathizing (e.g., "I feel the pain experienced by people in my workplace"), and acting (e.g., "When I see someone in distress in my workplace, I try to act as quickly as possible"). Additionally, the authors replaced the appraising dimension with sense-making, as per Dutton et al. (2014). Specifically, one individual understands and judges the other's suffering based on his or her values and goals (e.g., "I try to assess the prior circumstances leading to the person's suffering in my workplace").

The scale shows promise for CAW studies, assessing compassion among colleagues or as a leadership metric. Its wording allows for use in various work settings and contexts. However, it may elicit socially desirable responses, especially in the acting dimension, due to the universally positive perception of compassion as a value to possess and enact in interpersonal interactions. From the perspective of research impact, this instrument has not yet been applied in CAW studies.

Received Compassion (at Work)

The orientation of received compassion includes the following scales:

Compassion in the Workplace (Lilius et al., 2008). The Compassion in the Workplace scale is a self-report measure designed to evaluate the experience of received CAW. The instrument is composed of three items with a 5-point Likert scale (from 1 = *never* to 5 = *nearly all the time*). This scale is the most widely used in CAW research due to its brevity and effectiveness in gathering data. It assesses perceived compassion from three main sources: supervisors, colleagues, and the organization.

The scale has proven reliable and adaptable across various organizational contexts and professional categories. It has been used in service and financial organizations (e.g., Hu et al., 2018; Zoghbi-Manrique-de-Lara et al., 2020), healthcare (e.g., Chu, 2016), and education (e.g., Aboul-Ela, 2017). Healthcare professionals are the most studied group in CAW research.

Some studies have applied the scale to workers in various job positions, including supervisors and managers (e.g., Ko et al., 2021; Nisar et al., 2020). Out of 20 identified studies, only two were conducted in Europe (Buonomo, Pansini, et al., 2022; Buonomo, Santoro, et al., 2022), while 18 were carried out in Asia, including seven in South Korea and others in Pakistan and China.

Compassionate Leader Behavior Index (CLBI) (Shuck et al., 2019). The CLBI assesses six dimensions through 24 items: empathy, integrity, presence, dignity, authenticity, and accountability. The CLBI is designed for general employees to provide feedback on their leaders' behaviors. Each item is rated on a 5-point Likert scale (from 1 = *strongly disagree* to 5 = *fully agree*).

The CLBI's structure was developed through interviews with leaders, who identified key traits, behaviors, decision-making processes, and role models that embody compassionate leadership in action. This led to the identification of six essential qualities of compassionate leaders, which represent the dimensions of the questionnaire. As a guiding framework, Shuck et al. (2019) used the capability compassion theory (Lilius et al., 2011), which emphasizes daily practices to foster compassion among unit members. A limitation of the CLBI is its lack of a specific compassionate leadership framework. The CLBI views compassion as a proactive process in leader-follower relationships, even without workplace suffering, extending the views of Dutton et al. (2006) and Lilius et al. (2011). Overall, the CLBI seems to integrate compassionate leadership dimensions (empathy, presence) with aspects of other leadership styles, such as transformational (accountability), authentic (authenticity), and ethical (integrity, dignity). This integration reflects the holistic nature of compassionate leadership, which inherently includes ethics, integrity, and authenticity, making it more comprehensive than other styles. However, the authors do not provide evidence of convergent or discriminant validity between these styles. Finally, to the best of our knowledge, only one research has applied CLBI to measure employees' perception of women's leadership in Nigerian service organizations (Imhanrenialena et al., 2023).

Given and Received Compassion (at Work)

The orientation of given and received compassion includes the following scales:

Compassion subdimension of the Organizational Virtuousness Scale (OVS-C) (Cameron et al., 2004). The OVS assesses five virtues at work: compassion, trust, integrity, optimism, and forgiveness. It consists of 15 items, with three items measuring compassion. Employees respond using a 5-point Likert scale (from 1 = *very low* to 5 = *very high*).

The OVS is based on the 24 universal human strengths and virtues model by Peterson and Seligman (2003), where compassion is a subcomponent of kindness. In the context of organizational virtuosity, compassion is declined as compassionate actions that are recognized and legitimized within the organization. Consequently, items are not designed to measure the individual dimension of given or received compassion but rather a collective dimension that accounts for the ability of the organizational members to exchange compassion with one another. The compassion subscale includes items like "Acts of compassion are common here," "This organization is characterized by many acts of concern and caring for other people," and "Many stories of compassion and concern circulate among organization members."

To date, only one study (Guzzo et al., 2022) has used the compassion subscale of the OVS. The results from two studies comprising the research involving service employees showed that compassion mediated the relationship between employees' perception of corporate social responsibility (CSR) and hedonic well-being (Study 1) and between CSR perception and organizational citizenship behavior (Study 2) (Guzzo et al., 2022).

Compassion Climate (CC) and Compassion Practices Scale (Nolan et al., 2022). This multidimensional measure consists of one psychological compassion climate (CC) subscale and seven compassion practices subscales: acknowledging, addressing problems directly, bounded playing, celebrating, collective decision-making, workload help offering, and orienting. The full scale comprises 26 items rated on a 5-point Likert scale (from 1 = *disagree* to 5 = *agree*).

Based on Lilius et al. (2011) conceptual framework, the scale views compassion as manifesting in 2-way relationships and at a collective level through shared norms and processes. This framework fosters the development of seven compassionate practices, operationalized as follows: a) acknowledging: appreciating each other's hard work (e.g., "People in my unit/workgroup acknowledge each other's strengths"); b) bounded playing: balancing fun with work (e.g., "My unit/workgroup balances hard work with fun and enjoyment"); c) addressing problems directly: managing work-related difficulties (e.g., "My unit/workgroup resolves conflict well"); d) celebrating: celebrating group achievements (e.g., "My unit/workgroup recognizes important events in people's lives through celebrations"); e) collective decision-making: collaborating on decisions (e.g., "My unit/workgroup makes decisions as a group"); f) workload help offering: assisting colleagues with work (e.g., "If a person in my unit/workgroup is behind with work, members of my unit will chip in to help"); g) orienting: helping newcomers learn the job (e.g., "My unit/workgroup effectively socializes newcomers").

These practices contribute to a compassionate climate (CC), where individuals perceive their group as responsive to others' suffering (e.g., "My unit/workgroup can tell when a member is having a hard time personally"). The nomological network showed that CC predicts positive work-related indicators (e.g., work engagement, job satisfaction), well-being indicators (e.g., flourishing), and compassion indicators (given, received, and self-compassion). However, this instrument has not yet been applied in CAW studies.

Discussion

Within the first category of given compassion scales, we identified a subcategory of six dispositional given compassion scales. These scales measure an individual's general tendency to feel empathy and concern for others' well-being, reflecting a stable trait marked by a readiness to recognize and respond to others' suffering with genuine care and support (Hwang et al., 2008). Given the different theoretical backgrounds and purposes guiding their development, each scale offers a distinct and valuable measurement approach for assessing compassionate disposition in the workplace.

Three scales specifically assess dispositional compassion in workers. The SOCS-O (Gu et al., 2020) addresses healthcare staff experiences, while the compassion subdimension of the PSM (Kim et al., 2013) focuses on public service employees. The SOCS-O could be adapted to various working contexts, while the PSM could be useful for capturing compassionate attitudes in the nonprofit sector. The compassion subdimension of the Workplace Spirituality Scale (Petchsawang & Duchon, 2009) assesses dispositional given compassion at work, integrating spiritual and Buddhist conceptions of compassion. Despite their different conceptualizations, these tools provide meaningful insights into compassion in the workplace.

The remaining three scales are generic dispositional compassion scales, originally developed without a specific focus on workers but later used in studies involving workers. The CS (Pommier et al., 2020) stands out for its applicability to working contexts due to its structured representation of compassion processes and generalizable item wording. However, the SCBCS (Hwang et al., 2008) and the compassion subdimension of DPES (Shiota et al., 2006) may introduce ambiguity and social desirability bias if the concept of "compassion" is not clearly defined. These scales are suitable for helping professions, like teaching and nursing, where compassionate dispositions are prevalent (Baminiwatta et al., 2023; De Stasio et al., 2020).

Our findings show an over-representation of given compassion compared to the other categories. Although compassion is a 2-way relational process, the workplace literature predominantly examines it from the perspective of the "focal actor" (Dutton et al., 2014). This focus on individual or collective compassionate responding (Atkins & Parker, 2012; Kanov et al., 2004) may explain why there are more scales measuring given compassion than received compassion.

We identified five scales of given compassion at work, of which only the Workplace Compassion Scale (Mandliya & Pandey, 2023) is applicable across all contexts; the remaining four are tailored for healthcare professionals, specifically nurses (Durkin et al., 2020; Lee & Seomun, 2016; Tehranineshat et al., 2021). These scales address different aspects of compassion in nursing, such as personal and professional strengths (Durkin et al., 2020), emotional abilities (Lee & Seomun, 2016), and performance indicators (Tehranineshat et al., 2021).

Organizations should use dispositional scales to measure stable employee traits, while situational scales are better for evaluating compassionate responses in specific contexts. Both methods can complement each other for a broader understanding of compassion dynamics. Regarding dispositional measures, the CS (Pommier et al., 2020), although not validated for workers, may capture dispositional compassion across different employee categories. For instance, organizations might choose it for its versatility or select other specific options, for example, SOC-S (Gu et al., 2020) for healthcare and PSM (Kim et al., 2013) for service employees. For situational measures, the Workplace Compassion Scale (Mandliya & Pandey, 2023) is ideal for evaluating employees' behavioral responses and monitoring daily organizational dynamics across various contexts. Other situational compassion scales, for example, are primarily focused on the nursing profession.

Most tools identified are directed to the helping professionals. To promote an expanded study of compassion dynamics in other contexts, valid and reliable tools applicable across various professional categories and settings are essential. The Compassion in the Workplace Scale (Lilius et al., 2008) is the most widely used for measuring received compassion at work, exploring compassion received from colleagues, supervisors, and the organization. Its widespread use may be attributed to its agility and relevance in different workplaces. However, the scale has some limitations: it does not provide a precise definition of compassion, does not specify a particular time frame for responses, and uses a 5-point Likert scale with only the first and fifth steps defined, which may introduce ambiguity.

The two scales of given and received compassion shift the focus on employees' perceptions of compassionate behaviors within the group or organization. The OVS-C (Cameron et al., 2004) provides a broader perspective, focusing on compassionate actions within the organization as a whole. With only three items, it is convenient to administer and offers a general view as part of a larger virtuousness scale. In contrast, the compassion climate (CC) and Compassion Practices Scale (Nolan et al., 2022) adopted a more targeted approach, assessing team-level perceptions of a compassionate climate and the daily compassionate practices among coworkers. Depending on the research aims or applied contexts, each scale can offer unique insights into different levels of organizational compassion.

Our findings highlight another crucial issue related to compassionate leadership measurement. Leaders play a crucial role in connecting organizational structures, processes, values, and employees, particularly concerning compassionate leadership (West et al., 2014). Compassionate leaders create a positive work atmosphere that boosts productivity and enhances well-being for both employees and leaders (Benevene et al., 2022; West & Chowla, 2017). Few studies have investigated the effects of compassionate leadership, with most employing qualitative methodologies (e.g., Salminen-Tuomaala & Seppälä, 2023). Thus, valid measurement tools are essential for a comprehensive understanding. In this review, we identified two leadership scales, categorized under given compassion, the Compassionate Leadership Self-Reported Scale (Sansò et al., 2022), and received compassion, the Compassionate Leader Behavior Index (CLBI; Schuck et al., 2019), reflecting the attention researchers and practitioners dedicated to this theme. These scales can significantly contribute to leadership literature and stimulate future studies. However, they have limitations. The scales lack shared theoretical foundations (Schuck et al., 2019) and there are concerns about validation procedures (Sansò et al., 2022). Additionally, the latter is a leadership self-report measure, which may be susceptible to social desirability bias.

In conclusion, our review underscores the need for more robust and adaptable tools to measure compassion in various professional contexts. Expanding the understanding and measurement of compassion at work can lead to enhanced employee well-being, better organizational outcomes, and a more humane work culture. By addressing these gaps, future research can provide deeper insights into the dynamics of compassion in the workplace and its significant impact on both individuals and organizations.

Limits and Conclusions

This review aimed to offer an updated and comprehensive array of instruments assessing CAW, describing their theoretical basis and methodological properties. With this assumption, we aim to facilitate the further development of CAW studies and help researchers choose the best instruments for their research questions. This literature review might also be helpful for further developing other scales of CAW, specifically on aspects not yet explored, such as a compassionate leadership scale from the

compassionate giver's perspective. Compassion might be more relevant in some specific working environments, such as healthcare and teaching, where the role played by interpersonal relationships is more challenging than in another context.

Finally, this review is not without its own limitations. Firstly, relevant studies could have been missed despite a cautious search of all the scales potentially suitable for this analysis context. In this regard, the inclusion criteria implemented for the literature search excluded non-English papers. The choice may have excluded relevant research from other languages, limiting the review scope. We included only peer-reviewed studies, contributing to potential publication bias, as studies with positive results are more likely published, thus losing information from grey literature. Excluding qualitative literature, justified by our research objectives, may have restricted our understanding of CAW. Qualitative insights could provide insights into specific dynamics and contexts affecting measurement tool application. While the inclusion and exclusion criteria are clearly established, the authors' subjective choices might have influenced certain processes, potentially introducing bias into the gathered evidence. We employed PRISMA guidelines that ensure methodological rigor. However, PRISMA provides very structured guidelines, which may be too rigid for reviews that address complex research questions.

Secondly, few scales have been validated in the organizational context but have not yet been used in CAW scientific research. Finally, the scale selected for this review may likely lead to slightly different theoretical and statistical conclusions when used in different cultural contexts and translated and adapted. Therefore, while we chose to rely on the original first validation papers for each scale, it is best to rely on the validation contributions of the samples that better reflect the characteristics of the participants involved in the research when available.

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