

Organizational Morality and Compassionate Behavior: An Empirical Perspective of Physicians

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Abstract

The research study intends to examine impact of morality on compassion of physicians. Data was collected by survey method from a sample of 350. Linear regression has been applied to determine various relationships. The study findings proved partial correlation between perceived organizational morality and compassion. The study provides unique insights to elevate the physician's performance from the perspective of morality and compassion.

Keywords: Perceived organizational morality, Compassion, physician's performance, hospitals.

Introduction

Morality and values flow in the organization as widely understood values of an organizational culture (Poulton 2005, Clegg et al. 2007). With the passage of time the importance of morality has increased manifolds and organizations need to look deeper into facts to inculcate moral mechanisms. Morality has been a universal language that everyone can understand regardless of color, creed or race. Hence morality and ethical values are seen as part of culture of the world (e.g. Meyer and Jepperson 2000; Meyer et al. 1997) that sets benchmarks and criterions: of reference for all the individuals of a society of the modern world. POM is basically the perception of employees about their organization's morality i.e. whether they consider their organization as moral entity or an immoral entity, which then further impacts the development and display of various behaviors by employees of that organization. POM comprises of three sub variables encompassing sincerity, honesty and trustworthiness. As Leach et al. (2007) found that sociability and trustworthiness had been distinct groups of characteristics that individuals attribute to groups and organizations. Research also suggests that the perceived trustworthiness which is one of the sub components of POM has been a key factor in determining employee identification to the affirmative feelings about their organization (Tyler & Blader, 2003; Skitka, 2003) and these positive feelings then generate the positive behavioral intention in employees which ultimately result in display of positive outcome behaviors by organizational employees.

When employees see their organizations upholding morals and ethics in place of work, they develop positive feelings and emotions to their organizations and then they try to live up to the moral benchmarks and standards that are vital for organizational membership and also forms the moral based self-perception of individuals and organizations overall (e.g. Pagliaro et al., 2011; Leach et al., 2007). Hence morality of organizations as perceived by employees can be a powerful guide that motivates prosocial and ethical intentions and behavior like compassion.

The concept of compassion has intrigued thinkers, truth seekers, religious and holy leaders for many past decades. The great Greek thinker and theorist Aristotle stated that compassion is one of the five qualities needed in a person who wants to attain fulfillment and happiness. Compassion is quite similar to sympathy and empathy (Goetz et al., 2010). It has been described as an awareness to other person's pain and misery and then acting accordingly to alleviate the misery (Crawford et al., 2013; Schantz, 2007; von Dietze and Orb, 2000). Compassion is a multifaceted construct which comprises of (a) empathy, which is an emotional response directed at others with the intention of well-being of the person who needs it (b) Mindfulness is a psychological state in which one focuses all the attention on the present happening; (c) Kindness, is a considerate and thoughtful understanding towards other people's suffering and pain and (d) humanity (Guerra-Baez, 2014).

Chang (2010) in their study from the view point of service provider personal and customer on service encounters and found that service personnel as well as the service behavior have effect on the customer satisfaction and trust on the service personnel. Therefore only a handful of studies have been recognized in this side of the world which has looked into the details of services provided by healthcare (Andaleeb, 2001; Aldana, Piechulek, & Al-Sabir, 2001). And particularly in our country less attention is being paid to health care sector accompanied with low budget allocation for health care sector which ultimately result in poor behavioral display by employees of health care organizations, this highlights a significant gap that needs attention.

Literature review

Linking Perceived Organizational Morality to Compassionate Behavior

In spite of the fact that the impact of view of moral standards on people's choice to work in groups or individually has not been analyzed ever before, there is justifiable reasoning and motivation to expect that morality of an organization as seen by individuals will have more noteworthy impact on individual's conduct (Naomi Ellemers, 2008). On account of ethics of an organization, an inability to hold strongly to such standards turned to be emergence of the perception of fear of social exclusion. While moral conduct observed and connected by communal consideration (De Waal, 1996).

As discovered by Mosquera, Manstead, and Fischer (2002) who examined college undergraduates in Spain and the Netherlands, both that demonstrate an extremely solid conviction that being unscrupulous and conniving would make them feel terrible about themselves; deceptive and deceitful being antonyms of unscrupulous and conniving which are sub parts of organizational morality. In fact, Schwartz's (1992) diverse reviews demonstrate a general tendency for individuals to view ethical quality as an essential managing rule in their lives. Moral models of the association influence worker conduct, to some extent, since individuals are worried about others' responses to an infringement of good benchmarks (Cialdini, 1994). That's why Compassion is a subject of interest for present study.

In this manner, it has a close relationship to the affective states of compassion and sensitivity, yet most unmistakably, it additionally incorporates the aim to endeavor to diminish enduring (Greenberg and Turksma, 2015). Empathy has been characterized in different courses in the field of brain science (Goetz, Keltner, and Simon-Thomas, 2010; Siegel and Germer, 2012). It has been characterized as an inclination ("I am feeling empathy"), as a mind-set, as a condition of inspiration (Gilbert and Choden, 2013), and as activities ("He carried on sympathetically"). It is likely that sympathy rises up out of a mind boggling coordination of intentions, feelings, and abilities/aptitudes as noted by Halifax (2012).

Albeit expert social conduct (being thoughtful, volunteering, helping other people) can come about because of different inspirations (i.e., building a constructive mental self-portrait, being perceived by others, keeping away from blameworthy emotions, and so forth.), empathy is persuaded by the urge to ease enduring and is not seen as roused by acknowledgment or reward. In a common way, sympathy can be viewed as encoded in the profound layers of importance of the "Golden Rule" that is universal, atleast inside societies (if not stretched out to different societies), and is fundamental to the work in advancing social and enthusiastic learning (Kusché and Greenberg, 2012).

Prior researches investigated association between perceived organizational morality and employee experience of affirmative feelings and emotions (Leach et al. ,2007; Molina ,2016). Ellemers et al. (2011) established a link between perceptions of organizational morality and employee attitudes. Lilius et al. (2008) proposed that compassion pointers workers to reform themselves, considerate co-workers and preferably the entire workplace.

Frost (1999) proposed reconsidering corporate practices and organizational theories as an imperative contributing factor of business life cycle. it has been found as a competitive advantage for adaptableness and transformation (Madden et al., 2012), employee engagement with organizational commitment (Lilius et al., 2008), knowledge and revolution (Carmeli et al., 2009; Cooperrider and Godwin, 2011), and providing prime quality services to the stakeholders (Brooks, 2013; McClelland, 2012) fatal sense esteemed and (Clark, 1987) . It's a way to expose the employees how to interact.

To summarize, employee's reflection of compassionate behavior assessed the magnitude of linking the moral values and counterpart's sufferings (Atkins & Parker, 2012).Holmes et al.,(2001) illustrated that employee's empathetic feeling side by side apprehensions for defilement of societal principles imprudent in the way of showing compassionate behavior at workplaces. Such as in the health care sector, for patient's carefulness attitude lacking compassion might substantiated to be unsafe (Renzenbrink, 2011).As literature reflected the compassionate behavior antecedents and consequences but in a discrete form .Thus , still there is a need to explore about the conceptualization and linkages.

The following propositions molded from the above discussed literature:

H1: Perceived organizational morality of Physicians positively affects their compassion.

H1a: Perceived organizational morality of Physicians positively affects their empathetic concern.

H1b: Perceived organizational morality of Physicians positively affects their mindfulness.

H1c: Perceived organizational morality of Physicians positively affects their kindness.

H1d: Perceived organizational morality of Physicians positively affects their Humanity

Conceptual Model



Methodology:

Population and Sample: The target population consists of Physicians of Punjab working both in private and government owned health cares. The unit of analysis for this study is individual Physicians working in Lahore in various health care institutes i.e. working in the public and private health care institutes.

Sampling Technique: A sample technique allows the way by which researcher choose a part of population and utilize it to generalize the findings on the whole population (Sakaran, 2003). This study uses convenient sampling technique. List of registered Physicians was obtained and out of those 350 registered doctors were approached who conveniently available for the study.

Measures

Perceived Organizational Morality : Perceived Organizational Morality was assessed with a 3-item scale adapted from the measures of individual morality established by Leach et al. (2007) and used by Ellemers et al (2008). These items ask the employees to indicate the extent to which they thought their organizations to be 'sincere', 'honest' and 'trustworthy'.

Compassion The various elements of compassion like empathic concern, mindfulness, kindness, and common humanity will be measured:

Mindfulness: Mindfulness was measured utilizing the 4-item Mindfulness subscale .For example that when something sorrowful happens I try to take a balanced point of view of the circumstances, from the Self-Compassion Scale (SCS; Neff 2003).

Empathic Concern: Empathic concern was assessed by the 7-item Empathic Concern subscale of the Interpersonal Reactivity Index (Davis 1980), which measures the emotions of warmth, concern, and sympathy for others.

Kindness and Common Humanity: Kindness and common humanity was measured through 5-item Self-kindness and 4-item Common Humanity subscales of the Self-Compassion Scale (Neff ,2003).

Results:

Descriptive Statistics

Table 1

Normality Statistics of All the Variables (N= 350)

N	Skewness	Kurtosis
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	Statistic	Statistic	Std. Error	Statistic	Std. Error
Perceived organizational morality	273	-0.265	0.137	-0.320	0.184
Mindfulness	273	-0.134	0.137	-0.434	0.184
Empathic Concern	273	-0.269	0.137	-0.351	0.184
Kindness	273	0.051	0.137	-0.418	0.184
Common Humanity	273	-0.231	0.137	-0.026	0.184

The values presented in the above mentioned table 1, confirms that the data is normally distributed . The criterion for analyzing the reliability is the value of Cronbatch's alpha. It is known as the co-efficient of reliability whose value ranges from 0 to 1, but it is suggested that a higher value near to 1 reflects greater internal consistency of the items.

Table 2

Reliability Analysis (N= 350)

Variables	No. of Items	Alpha Coefficient (α)
Perceived Organizational morality	3	.869
Mindfulness	4	.791
Empathic Concern	7	0.870
Kindness	5	0.782
Humanity	4	0.801

It has been observed that a researcher mostly has chosen those instruments which have been developed and also validated with the samples settings other than Pakistan. In such case the reliability of the instrument is suggested to check. Hence, the reliability confirms the consistency of the chosen instrument to test the assumption (Cronbach, 1951).Reliability thus indicates inter-item uniformity and consistency of scale. Reliability of instruments measured by calculating the alpha coefficients and inter-item correlation of factors. This reliability is conforming to set up standing and reputation of the scales used. Reliability analysis for the instruments involved in current research show that scales used in this research are highly consistent as all the constructs and alpha's fulfilled the standard of the minimum approval level of the alpha score that was 0.70.Data of this research produces the alpha coefficient value of kindness and empathy which are 0.915 and 0.923 respectively which shows high internal consistency and these alpha values aligned with previous studies e.g. alpha=0.91, alpha= 0.90(Diefenddorff et al.,2005; Wand 2011).

Table 3

Inter-item Correlation Analysis

	Perceived Organizational morality	Mindfulness	Empathic Concern	Kindness	Humanity
Perceived Organizational Morality	1	0.231	0.402	0.426**	0.305

Mindfulness	1	0.301	0.430	0.322
Empathic Concern		1	0.340	0.320
Kindness			1	0.231
Humanity				1

** 0.01 level (2-tailed).

*. 0.05 level (2-tailed).

In the following correlational analysis matrix all variables are distinctively correlate with each other and their correlation is significant. This matrix shows that it is significant at 0.01 level and 0.05 level. Kindness is strongly positively correlated with mindfulness and organizational morality. Mindfulness and organizational morality are strongly positive correlate with kindness having values 0.430 and 0.426 respectively.

Hypothesis Testing

Regression analysis for direct relationships:

Table 4

Model	R ²	Adj.R ²	df	F	B	SE	β	t	P
POM → Kindness	.188	.173	6	12.256					0.000
Constant					4.197	.435		9.641	.000
POM					.448	.056	.411	8.033	.000
POM → Humanity	.178	.032	6	1.726					.114
Constant					5.489	.293		18.764	.000
POM					.058	.041	.079	1.410	.160
POM → Empathetic Concern	.085	.068	6	4.930					0.000
Constant					3.577	.418		8.564	.000
POM					-.269	.057	-.257	-4.739	.000
POM → Mindfulness	.032	.014	6	1.763					.106
Constant					4.614	.398		11.581	.000
POM					.128	.056	.128	2.301	.022

Table 4 signified the value of R Square and adjusted R square with corresponding values of F, degree of freedom, B, SE, β , and t values at relevant level of significance for all direct relationships. 18.8% of variability in the model is caused by perceived organizational

morality with significant F value and ($\beta=.411, P= 0.00$) beta is positive and significant showing positive relationship between PQM and kindness . 17.8% of variability in the model is due to independent variable of Perceived organizational morality, with insignificant F, β and t values , The results fails to confirm the hypothesized relationship between perceived organizational morality and humanity in our cultural context. Results confirmed the significant negative relationship between perceived organizational morality and empathetic concern for others in our cultural context($\beta=-.257, p=0.00$) at 0.05 confidence interval. The results fails to confirm the hypothesized relationship between perceived organizational morality and mindfulness in our cultural context. The value of adjusted R2 of .014 tells that POM explains a low variance of 0.14% in predicting mindfulness. By viewing ANOVA, it's evident that demographics are making statistically insignificant contribution in the overall model.

Discussion & Conclusion :

Results showed that perceived organizational morality and compassion which is in accordance of previous researches as perceived morality of organizations also enhanced pro-social behaviors displayed by the organizational members (Tyler & Blader, 2003). Furthermore moving onto subsequent hypothesis of whether perceived organizational morality of employees positively affects employee mindfulness, empathetic concern, kindness and humanity. Several researchers have argued for the importance of morality as a way to regulate behavior in social communities (Fry, 2006; Haidt, 2008; Tooby & Cosmides, 2010).

This study has far reaching effects not only on both the wellbeing of patients, physicians but on the Pakistani society as a whole. It is a general complaint of patients that their physician never listens to the patient compassionately and keeps themselves occupied in rhetoric prescription writing which usually leaves patient wondering and developing negative views about the physician and the hospital. To curb ill practices like this there should be a sound system in place which promotes harmony amongst all parts of health care system.

Limitation and Future Research: While carrying out research, it encountered a number of limitations. Firstly data was collected from the hospitals located in Lahore .Secondly, data was collected from only medical doctors. Thirdly, this study is descriptive and quantitative in nature and it ignored the qualitative and mixed methodological approach. current study focused healthcare sector due to which results may not be generalized properly, researchers in future can replicate this study in other manufacturing and service related sector to further explore this phenomenon as compassion is language which all can understand. The study is presented with perspectives of employees i.e. doctors in hospital settings .But future research can be conducted on the perspectives including patients and employees both to increase accord in findings.

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