

**ORGANISATIONAL COMPASSION AND EMPLOYEE ENGAGEMENT IN THE
HEALTH SECTOR IN UGANDA: A CASE OF LANCET HEALTH CENTER**

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**A DISSERTATION SUBMITTED TO THE DIRECTORATE OF RESEARCH AND
GRADUATE TRAINING IN PARTIAL FULFILMENT FOR THE AWARD OF
THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION
OF KYAMBOGO UNIVERSITY**

OCTOBER, 2023

DECLARATION

I, Sebbowa Faridah, declare that this dissertation is my original work, excluding the duly acknowledged works of the cited authors in the reference section, therefore this work has not been submitted anywhere else for any academic award.

Signature.....Date.....

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APPROVAL

This is to confirm that this dissertation has been done under our supervision and guidance and has therefore met the dissertation requirements of Kyambogo University and is now ready for submission.

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DEDICATION

I would like to dedicate the work in this dissertation to my dear parents, Hajji Abdulah Sebbowa and Hajati Gibwa Sebbowa, my dear sister Rham Sebbowa, my best Friend Moses Eriyau and everyone for having given me the courage to move on this journey.

ACKNOWLEDGEMENT

I would like to acknowledge the selfless support given to me during the process of coming up with this work. Much appreciation goes to the Almighty Allah (SWT) for having given me life and the ability to come this far since the commencement of this expedition.

Appreciation further goes to my supervisors and lecturers who have never gotten tired of guiding me whenever I reach out to them, thank you very much Assoc. Prof. Jacob L Oyugi, Dr. Dan Ayebale, Dr. Samuel Sekajja Mayanja, Dr. Madina Nabukeera, Dr Mukokoma and Kiiza James, the management of Lancet Health centre, key informants and any other person that has done something to support this work. I am greatly obliged to you.

Finally, special thanks go to my colleagues with whom we started this journey, thanks very much Mr. Moses Eriyau, Mr. Ssewanyana Frank Wasswa, Mr. Mutyaba Daniel, Mr. James Muliisa, and the entire class, which has been such a constructive group of people to associate with.

TABLE OF CONTENTS

DECLARATION.....	i
APPROVAL	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
TABLE OF CONTENTS	v
LIST OF FIGURES	ix
LIST OF TABLES.....	x
LIST OF ABBREVIATIONS	xi
ABSTRACT.....	xii
CHAPTER ONE	1
INTRODUCTION.....	1
1.1 Introduction.....	1
1.2 Background to the Study.....	1
1.2.1 Historical Background.....	1
1.2.2 Theoretical Background.....	3
1.2.3 Conceptual Background.....	4
1.2.4 Contextual Background.....	5
1.3 Statement of the Problem	6
1.4 Purpose of the Study	7
1.5 Specific Objectives.....	7
1.6 Research Questions	7
1.7 Scope of the Study.....	7

1.7.1 Content Scope	7
1.7.2 Geographical Scope.....	8
1.7.3 Time Scope.....	8
1.8 Significance of the Study	8
1.9 Conceptual Framework	9
1.9.1 Definitions of Key Operational Terms and Concepts	9
1.9.2 Conclusion.....	10
CHAPTER TWO	11
LITERATURE REVIEW	11
2.1 Introduction	11
2.2 Theoretical Review	11
2.3 Noticing Pain and Employee Engagement.....	13
2.4 Feeling Pain and Employee Engagement.....	15
2.5 Responding to Pain and Employee Engagement	17
2.6 Summary of Literature and Literature Gaps	19
CHAPTER THREE	21
METHODOLOGY	21
3.1 Introduction	21
3.2 Research Design.....	21
Quantitative Approach	21
3.3 Population and Sampling	21
3.3.1 Study Population	21
3.4 Sampling Design	22

3.5 Data Collection Methods.....	22
3.5.1 Questionnaire	22
3.5.2 Unit of Analysis	22
3.5.3 Unit of Observation.....	22
3.6 Procedure for Data Collection.....	23
3.7 Data Analysis	23
3.8 Quality Control of Data Collection	23
3.9 Validity of Data Collection Instruments	23
3.1 Reliability	24
3.1.1 Measurement of Variables	25
3.1.2 Ethical Consideration	25
CHAPTER FOUR.....	26
PRESENTATION, ANALYSIS, AND INTERPRETATION OF FINDINGS	26
4. 0 Introduction	26
4.1 Response Rate	26
4.2 Characteristics of Respondents	26
4.3 Descriptive Statistics.....	28
4.3.1 Noticing Pain.....	28
4.3.2 Feeling Pain and Employee Engagement.....	29
4.3.3 Responding to Pain.....	30
4.3.4 Employee Engagement in Lancet Health center	31
4.4 Findings on the relationships between the study variables	32
CHAPTER FIVE	33

DISCUSSION OF FINDINGS, CONCLUSION, RECOMMENDATIONS AND AREAS FOR FURTHER STUDY	33
5.0 Introduction	33
5.1 Summary of Findings	33
5.2 Discussion of Findings	33
5.2.1 The relationship between Noticing Pain and Employee Engagement in the Health Sector	33
5.2.2 The relationship between Feeling Pain and Employee Engagement in the Health Sector	35
5.2.3 The relationship between Responding to Pain and Employee Engagement in the Health Sector.....	36
5.3 Conclusion.....	37
5.4 Recommendations	38
5.5 Limitations	38
5.6 Areas for further research.....	39
REFERENCES.....	40
APPENDIX I: QUESTIONNAIRE	47
APPENDIX II: Raosoft Sample Size Calculator.....	51

LIST OF FIGURES

Figure 1.1: A Conceptual Framework for Organizational Compassion and Employee Engagement

..... 9

LIST OF TABLES

Table 3. 1: Summary of Reliability Tests	25
Table 4. 1: Characteristics of Respondents	27
Table 4. 2: Descriptive statistics on Noticing Pain and Employee engagement in Lancet Health center	28
Table 4. 3: Descriptive statistics on Feeling Pain and Employee Engagement in Lancet Health Center	29
Table 4. 4: Descriptive Statistics on Responding to Pain and Employee Engagement in the Lancet Health Center	30
Table 4. 5: Employee Engagement in Lancet Health center	31
Table 4. 6: Relationship between Noticing Pain, Feeling Pain, Responding to Pain and Employee Engagement	32

LIST OF ABBREVIATIONS

COVID-19:	Corona Virus Disease Version 2019
CVI:	Content Validity Index test
EET:	Employee Engagement Theory
HRT:	Human Relations Theory
SPSS:	Statistical Package for Social Scientists
(U) Ltd:	Uganda Limited

ABSTRACT

The study sought to investigate the relationship between organizational compassion and employee engagement in the health sector. The study addressed three study objectives: (i) to establish the relationship between noticing pain and employee engagement (ii) to examine the relationship between of feeling pain and employee engagement. (iii) to investigate the relationship between responding to pain and employee engagement. The study was guided by Social Exchange Theory. The study adopted a quantitative method based on a sample of 150 health workers at Lancet Health center. This was determined using simple random sampling. The results of the study were based on the Pearson correlation analysis. The results revealed that there was a significant relationship between noticing pain and employee engagement, Furthermore, the study findings also indicated a significant relationship between employee engagement and feeling pain and noticing pain by the health worker. The study recommends that health facilities should strengthen their human resource development efforts that target to increase the sensitivity of the workers towards noticing pain, feeling pain and quickly responding to the pain of their colleagues.

Keywords: Organizational compassion, Employee engagement, Social Exchange Theory, Health workers

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The study aimed to examine the relationship between organisational compassion on employee engagement in the health sector in Uganda, a case of Lancet Health center Employees. This chapter presents the background of the study, the purpose of the study, the statement of the problem, the scope of the study, the significance of the study, the conceptual framework, and the definitions of key terms and concepts used in the study.

1.2 Background to the Study

This background is divided into the historical background, the theoretical background, the contextual background, and the contextual perspective as illustrated herein.

1.2.1 Historical Background

The discussion about employee engagement has its roots in the humanitarian discipline and this dates way back close to 2000 years when topics like philosophy, sociology, and religion among others came into play (Kanov et al., 2004). Employee engagement is defined as the sentimental obligation an employee has towards the organizational goals and plans (Jeve et al., 2015). This concept plays a vital role in the smooth running of any organizational setting, according to ILO, (2020), it is recommended that companies ought to ensure the psychological well-being of their employees by encouraging social engagements from within themselves and their families and this can be achieved if they change their way of operating.

Employee engagement also traces back to the twenty-first century when factors like Employee vigour were very necessary for curbing employee burnout, boosting organizational values and

enhancing their performance capabilities (Muzee, 2021). Employee engagement is also further linked to the works of UWES; Schaufeli, Salanova, et al., 2002 posited that engagement brings about

The discussion on Employee engagement also relates to recent early organizational surveys that were carried out in different countries. It is more or less considered an educational concept. The concept is moderately novel and appeared in the literature for close to two decades (Rafferty, Maben, West and Robinson, 2005; Melcrum, 2005; Ellis and Sorensen, 2007). The concept, of employee engagement, originates from two notions that have secured academic acknowledgement and have been the topics of emotional well-being and psychological intelligence which are further broken down into vigour, dedication and absorption. (Robinson, Perryman and Hayday, 2004; Rafferty et al., 2005). Employee engagement has comparisons to and overlays with the above two concepts.

Although the majority of the above studies have considered employee engagement as a scientific contributor to the performance of organizations, there is still limited empirical evidence that has studied the role of organizational compassion and employee engagement. An organization's culture can have a long-lasting positive effect by fostering compassion. According to research, compassion can boost workers' commitment to the company and aid in their recovery from difficult personal circumstances. This has been linked to a decrease in employee absences from work-related stress and an increase in worker productivity (Kanov, & Maitlis, 2011). Additionally, it has been demonstrated that productive social interactions among co-workers have a good impact on employees' physical health (Heaphy & Dutton, 2018). These advantages show how a compassionate workplace culture may have a major positive engagement impact on a business,

resulting in fewer absences and more employee productivity. This, therefore, prompted this study on organizational compassion and employee engagement in Lancet Health center

1.2.2 Theoretical Background

The study was guided by the Social Exchange Theory which was advanced by George Homans (1958), much as (Blau, 1964) later improved on the earlier theory proposed by Homans. This theory posits that people (herein referred to as employees) make choices and decisions consciously or unconsciously after weighing the likely benefits and costs of the relationships or actions they get involved in (Homans, 1958). In other words, employees will embrace different organization's hierarchies depending on the inspiration and encouragement they expect from their superiors (Muzee, 2021). The social exchange theory directly influences how employees are likely to engage with one another especially those at a lower level with those at a higher level in anticipation of rewards and motivation from their superiors (Park & Johnson, 2019). Besides, the superior's interaction, recompense motivation and the leadership they provide will determine how the employees engage with one another at the workplace (Dixit & Upadhyay, 2019). The proposition of the Social Exchange theory entails enhancing work productivity by increasing employee engagement as a result of satisfying the needs and feelings of employees (Barnat, 2014). The application of social exchange theory in the realm of employee engagement provides an array of dimensional results intending to nurture higher dedication, absorption, and vigour in executing day-to-day work tasks (Omodan, Tsetetsi & Dube, 2020). The social exchange theory is based on the human-oriented approach which necessitates organizational compassion as a natural feeling of noticing one's pain to form the basis to respond to the various forms of suffering that employees might be going through (Indabawa & Uba, 2014).

1.2.3 Conceptual Background

The guiding concept of this study is organizational compassion as the independent variable and employee engagement as the dependent variable. These constructs have been conceptualized by several scholars in different studies. Organizational compassion has consistently been a focal point in management analysis and practice. The commonest used definition of organizational compassion denotes a process that involves realizing a peer's suffering, sympathising with those who agonize evaluating the conditions of that suffering and reacting in a manner that can help to relieve that suffering (Kanov et al., 2004). Dutton *et al*, (2014) posit that organizational compassion involves discerning, feeling as well as understanding, getting concerned and behaving in a way that relieves the pain felt by others.

Noticing pain according to Clark (1997) is the ability to identify a person undergoing pain and becoming aware of what they are feeling. This goes further to require being open and receptive to what happens in one's surroundings and paying extra attention to emotions of one another (Frost,2003), feeling pain is the act of connecting with the person who is going through a certain kind of pain, anguish or worry. This feeling can escalate to a level where one individual feels guilty for not doing anything to prevent that pain from happening (Clark,1997). Responding to pain is the act of feeling a concern and sense of responsibility to do something to help the person feeling pain overcome it

Evers & Meyers (2016), and Schaufeli *et al.*, (2002) define engagement “as a positive, fulfilling, work-related state of mind that is characterized by vigour, the enthusiasm that can be felt from the high level of energy and endurance of the mind while working, the willingness to give the best in a job, and perseverance when facing a problem (Schaufeli, 2017), dedication which is the strength to engage in a job and experiencing a sense of significance, enthusiasm, inspiration, pride, and

challenges and absorption which is characterized by full concentration and happily doing the work. Employees are engaged to have an energetic and effective relationship with their work activities, and they see themselves as able to deal well with the demands of their work. Further, Khan (1990) defines employee engagement as the "...harnessing of organization members' selves to their work roles: in engagement, people employ and express themselves physically, cognitively, emotionally, and mentally during role performances". Employee engagement is therefore an important determinant of goal achievement in an organization and it is interrupted by individual traits, work characteristics and statuses of the job.

1.2.4 Contextual Background

Lancet Health center Limited is one of the leading private pathology health center operating in Uganda with its headquarters in South Africa (Johannesburg) and it has been operating for over 60 years (Molyneux, 2016). Lancet Health center operates several peripheral health center in the Western Region, Eastern, Northern and Central Business districts, but this study majorly focus on the central region Health center(Cole, 2021). Lancet Health center carries out diagnostic pathology services. The management of Lancet Health center Limited has endeavoured to put in place necessary measures to foster and encourage favourable working relationships with employees since they are in direct contact with the clients who come for laboratory services in their different peripheral labs (Namuhani, 2021). However, employees, managers and some clients across the peripheral labs face a problem of limited engagement within themselves as well as their supervisors yet the cause for this remains unknown (Lancet Employee Handbook, 2018). Therefore, this study sought to establish the role of organizational compassion on employee engagement.

1.3 Statement of the Problem

Globally, employee engagement is a vital factor in the overall performance of organizations and the economic development of economies (Kabunga, 2021). Organizations therefore ought to have fully engaged employees to address performance challenges they may encounter with their daily routines. However, low employee engagement levels continue to pose a big challenge to the survival and performance of organizations. For instance, by the year 2018, only 34% of workers in the US were engaged at work and on average, 30% of their employees had been engaged in the period of 18 years (Gallup,2018). In Kenya, a study conducted by Ndugo (2018) indicated that an average 47% of staff in the Health sector in Nakuru town were engaged.

In Uganda, a survey conducted by the Federation of Uganda Employers and Makerere University School of Psychology (2019), results indicated that 51% of the employees were disengaged right from the operational level to the managerial level within the health sector in Uganda. Further statistics indicate that the attitudes of employees, their interests and enthusiasm towards work, and their dedication towards achieving their personal and overall organizational goals keep declining over time (Kiwanyuka et al., 2020). However, in Lancet Health center, according to the Employee Appraisal Report (2022), it was reported that the level of dedication of employees was very low constituting 35% out of the expected 85% level of engagement. In as much as the government of Uganda has put in place measures to support the private health service sector like the Government Resource Contributions program (Ssenyonjo et al., 2018) to aid private health practitioners in improving their operations to which Lancet Health center is a beneficiary, there is still a stunted progress in the way employees engage at their workplaces (Kawalya et al., 2022). Amidst the challenges faced by employees at Lancet Health center, there is still limited empirical evidence that has sought to establish the relationship between organizational compassion and employee

engagement in developing countries like Uganda (Andaleeb, 2017). It is against this apprehension that the researcher seeks to determine the relationship between organizational compassion and employee engagement at Lancet Health center Limited.

1.4 Purpose of the Study

The purpose of the study was to establish the relationship between organizational compassion on employee engagement at Lancet health center.

1.5 Specific Objectives

- i. To establish the relationship between noticing pain and employee engagement at Lancet Health center.
- ii. To examine the relationship between feeling pain and employee engagement at Lancet Health center
- iii. To investigate the relationship between responding to pain and employee engagement at Lancet Health center

1.6 Research Questions

- i. What is the relationship between noticing pain and employee engagement at Lancet Health centre?
- ii. How does the feeling of pain relate to employee engagement at Lancet Health centre?
- iii. What is the relationship between responding to pain and employee engagement at Lancet Health center?

1.7 Scope of the Study

1.7.1 Content Scope

The study fundamentally focused on establishing the relationship between organizational compassion and employee engagement at Lancet Health center. The study specifically explored

how noticing others' pain, the feeling of pain, and responding to pain relates to employee engagement at Lancet Health center.

1.7.2 Geographical Scope

The study was carried out at Lancet Health center Uganda Ltd located at Nakasero Hill, Plot 1, and Kyadondo Road in Kampala. The headquarters lies at Latitude: 0.328446300087; Longitude: 32.5753215966).

1.7.3 Time Scope

A period of five (5) years was covered from 2018 to 2022. Through this period, the HR department reported high employee turnover countrywide.

1.8 Significance of the Study

The study would generate information to guide policymakers at Lancet Health center in formulating appropriate policies to enhance employee engagement.

The study findings could further be used to bridge the knowledge gap as regards organizational compassion and employee engagement in the health sector.

The study would enable Lancet Health center to establish a common platform of organizational compassion which might be of benefit to other health center regarding enhancing employee engagement.

The study would also contribute to the existing literature to be used by future scholars with the interest of carrying out research in the same line of investigation.

1.9 Conceptual Framework

Organizational Compassion

Employee Engagement

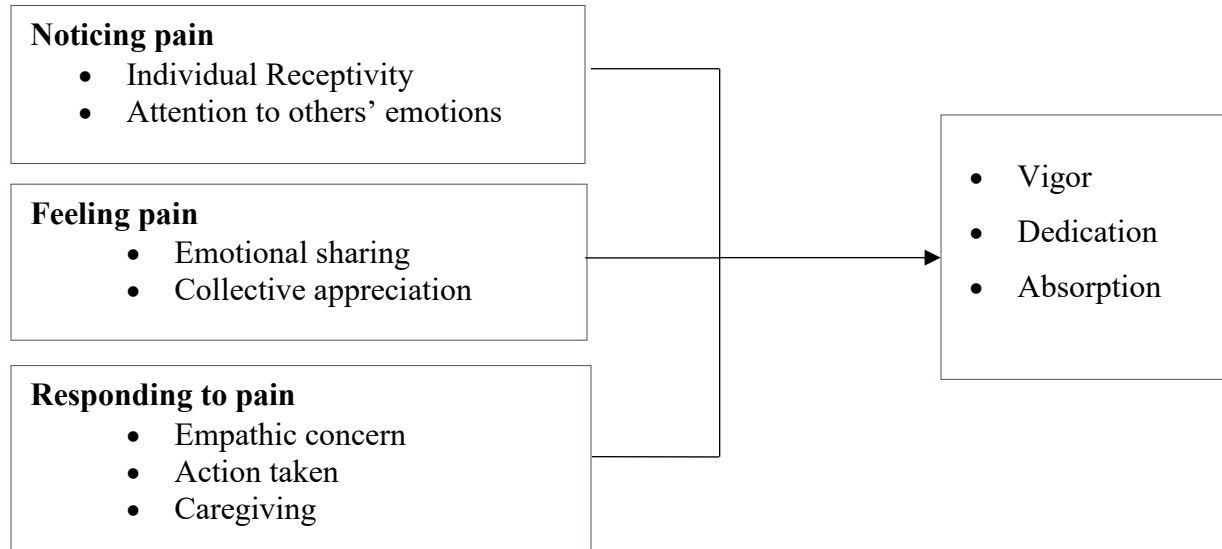


Figure 1.1: A Conceptual Framework for Organizational Compassion and Employee Engagement

Source: Based on earlier works of Muzee, Kizza & Mulingi (2021) and Calrk (1997)

The figure 1.1 illustrates the conceptual framework portraying the relationship between organizational compassion and employee engagement. According to the figure, the independent variable is organizational compassion operationalized by noticing pain (individual receptivity and attention to others' emotions), feeling pain (emotional sharing and collective appreciation), and responding to pain (empathetic concern, action taken and caregiving) whose bearing on employee engagement is measured of vigour, dedication, and absorption.

1.9.1 Definitions of Key Operational Terms and Concepts

Organizational Compassion refers to the situation when members of an organization can collectively notice, feel, and respond to the pain experienced by fellow members or peers (Kanov et al., 2018).

Employee Engagement refers to the level of a worker's commitment and connection to the organization characterized by the level of vigour, dedication, and absorption into their routine work tasks(Dixit & Upadhyay, 2019).

Noticing others' pain refers to the sensation of physical or psychological symptoms resulting from witnessing someone else's discomfort or pain(Rana et al., 2019).

The feeling of compassion refers to the feeling arising when one is confronted with another's suffering prompting them to relieve that suffering or pain(Wiroko & Evanytha, 2019).

Response to others' pain refers to taking action towards a painful situation that someone else is going through(Georgieva & Enrique, 2018).

Human Resource Policies refer to the formal rules and guidelines put in place to guide the processes of hiring, training, assessing, and rewarding employees(Kiwanuka et al., 2020).

1.9.2 Conclusion

Both employee engagement and compassion are integral pieces of medicine and have the power to positively impact not only patients but also healthcare providers including laboratory staff. The potential link between employee engagement and compassion should be explored to determine if a relationship exists that has the potential to benefit the medical field. The next chapter presents reviewed literature regarding how organizational compassion influences employee engagement.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter covers the relevant literature on the previous empirical studies written on the impact of Organizational Compassion on Employee Engagement. The chapter presents literature following the specific objectives. In the literature, the study gaps were highlighted. The content in this chapter were sourced from textbooks, journals, magazines, newspapers, and reports.

2.2 Theoretical Review

The study was guided by the social exchange theory which was advanced by George Homans. This theory posits that people (herein referred to as employees) make choices and decisions consciously or unconsciously after weighing the likely benefits and costs of the relationships or actions they get involved in (Homans, 1958). In other words, employees would embrace different engagements in the organization's hierarchy depending on the inspiration and encouragement they expect from their superiors (Muzee et.al, 2021). The social exchange theory directly influences how employees are likely to engage with one another especially those at a lower level with those at a higher level in anticipation of rewards and motivation from their superiors (Park & Johnson, 2019). Besides, the superior's interaction, recompense motivation and the leadership they provide will determine how the employees engage with one another at the workplace (Dixit & Upadhyay, 2019). The proposition of the Social Exchange theory entails enhancing work productivity by increasing employee engagement as a result of satisfying the needs and feelings of employees (Rehan & Muhammad, 2022). The application of social exchange theory in the realm of employee engagement provides an array of dimensional results intending to nurture higher dedication, absorption, and vigour in executing day-to-day work tasks (Omodan, Tsotetsi, & Dube, 2020) The

social exchange theory-bases on the human-oriented approach which necessitates organizational compassion as a natural feeling of noticing one's pain to form the basis to respond to the various forms of suffering that employees might be going through (Indabawa & Uba, 2014). Compassion involves paying attention to others' emotions and sharing them in a way of showing compassion to them. While compassion does not directly address response to one's suffering, it involves empathy and collection appreciation to take action or accord necessary care to the concerned individuals (Lunenburg & Ornstein, 2012). HRT's strength is premised on its contribution to people's awareness (compassion) about others' well-being (Hardianto, Kamastki, Habians, & Eliot, 2020). In the workplace, the HRT vies to improve one's ability to engage in routine work tasks with high vigour and dedication. However, the theory does not assure employees of compassion from others but rather creates a rational understanding of their peers (Kyle & Nyland, 2011). In principle, HRT entails that employers must create quality human relations commensurate to noticing, feeling and responding to others' pain which would reciprocate into higher dedication and absorption into their work tasks (Nassazi, 2013). The theory, therefore, envisages that organizational compassion could ostensibly increase employee engagement, Lancet Health center employees inclusive.

Organizational compassion denotes a dynamic procedure or a set of sub-processes that might be found in cooperation in individuals and groups. It occurs once associates of an organisation jointly notice, feel and respond to pain felt by members of that organization. These sub-processes become shared when they are legalized inside an organization setting and spread among organizational members. This sub-process includes; noticing pain, feeling pain and responding to pain as indicated in the literature below.

2.3 Noticing Pain and Employee Engagement

Dutton, Workman, & Hardin (2012) revealed that the compassion process involves noticing someone's suffering or pain and thus becoming aware of what they are feeling. They further asserted that noticing others' pain often requires one's receptivity and openness to what going on in the lives of those in our midst, such as in the workplace. In a study by Stasio (2020) on kindergarten teachers' work engagement, it was established that paying attention to others' emotions and endeavouring to read their subtle cues in daily interactions with those individuals helped them notice the pain teachers felt or suffered in different contexts such as losing loved ones. April & Hamdan (2017) also revealed that the organizational work environment changes at a very fast speed and therefore requires that measures are incorporated that enable employees to collectively identify those who go through different kinds of pain/suffering and bring it to the attention of management to act on it. Scarlet & Baldal (2017) revealed that noticing took cognitive recognition of health workers' suffering as first experienced in the form of unconscious emotion and physical reaction to their distress. This was resultantly affecting their day-to-day engagement in their job operations. The findings by Zari & Hosseini (2018) revealed that workplace social capital was a token of compassion satisfaction whose relation to secondary traumatic stress was found to positively affect the levels of employee engagement among Iranian nurses. In the efforts to reduce compassion fatigue, the findings by Waymment & Huffama (2019) affirmed that noticing others' pain was the preliminary form of demonstration of compassion. In a study by Ko & Choi (2020) it was revealed that the compassion health workers felt, laboratory staff inclusive, was supposedly an element affecting their engagement in providing routine HIV care services in Uganda. At Lancet Health center, noticing others' pain remains a subject for debate since there is limited evidence on how the same affects employee engagement.

Wentzel and Brysiewicz (2018) found that compassion in the workplace had a significant influence on employee engagement among practising health workers in three oncology departments in Durban. This affirmed that compassionate interactions between health workers as characterized by their receptivity and the attention is given to others' emotions. Findings by Atkinson and Jones (2018) established that compassionate employees can be highly engaged with chances of higher satisfaction and retention. According to Zhang, Johnson, & Baker (2018), the intersection between compassion and employee engagement attests to workers' skills and motivation in noticing which vary from one individual to another and are dependent on the painful situations or suffering at hand. However, while noticing is a salient anomaly in organizational compassion, employees tend to find noticing easier when it comes to those they like or who have similar characteristics. It was also asserted by Barker, Cornwell and Gishen (2016), and Thomas, Coker, & James (2019) that one's ability to detect another's suffering also happens when they have experienced similar kinds of suffering or pain themselves. Boyle (2015) found out that employees who are preoccupied or busy trying to meet their deadlines or concerns are often unable to easily notice others' pain. His study, however, noted that only those suffering or in pain are often disengaged but not the rest of the workforce. In the context of northern Uganda, Kabunga et al. (2021) and Mwanje (2018) found that compassion was a contributory factor towards nurses' less dedication and inadequate vigor in providing healthcare services.

The researcher concurs with the assertions discussed above having acknowledged that noticing others' pain is a fundamental element of organizational compassion. The literature discussed shows how noticing relates to employee engagement in various contexts but is not representative of Lancet Health center. Different contributions from different authors who conducted studies using varying methodologies in different locations are not fully representative of the situation among

employees at Lancet Health center in Uganda. The extent to which organizational compassion influences engagement among employees at Lancet Health center remains unknown.

2.4 Feeling Pain and Employee Engagement

According to Holland and Reynolds (2015), feelings of compassion are natural in the human setting. With the resemblance of empathetic concern, compassionate feelings felt by those in the same work environment of the workplace represent a big portion of their love and care towards one another. In essence, Straughair (2012) revealed that compassionate feeling is when someone tends to imagine or feel a condition of individual suffering or in pain. The findings by Ilies & Peter (2020) revealed that employee engagement highly depends on emotional display authenticity whose reciprocal effect on employee outcomes affirms the disposition of empathy towards others' pain. Such an imaginative reconstruction of the suffering's experience allows others to get a sense of it is meant to feel pain or suffer by positioning oneself in the others' situation or prospects of life at the moment. As per Mauno et al. (2019), enhancing employee dedication in the view of showing compassion creates a connection with the workplace especially when their peers show signs of compassion and empathy in times of pain or suffering such as sickness or loss of job. Kanov et al. (2018) established that the degree to which organizational members collectively feel concerned with the pain suffered by another determines how they will associate, relate and engage with one another. Brunetto & Markel (2016) revealed that dedication and vigor in work tasks reflect a compassionate dividend placing empathy as a vital part of others' emotional connection as well as taking the perspective of those suffering. At Lancet Health center, the demonstration of compassion among employees would result in their engagement towards daily job tasks but this pends realization. Goetz & Khahikh (2019) revealed that associating (feeling pain) with the

sufferer creates motivational cues that relieve the pain of the sufferer and become a fertile ground for employee engagement in the organization.

Buonomo et al. (2021) demonstrated that empathetic concern underscores one's ability to appreciate the suffering person's pain from their perspective. However, the findings by Mwanje (2018) stated that noticing others' pain does not guarantee feeling compassion for them but rather possible to acknowledge their pain and feel nothing for them. This too, does not assure employees of high engagement in the workplace (Rothbard & Patil, 2012). Emotional sharing as an anomaly of feeling compassion emanates from the self-perspective where employees not only compassionately share in distress a colleague in pain but also endeavour to share feelings widely with each other in the same work environment (Jacinta & Musaasizi, 2019). While compassion is a social emotion inherent to nature for others, Huppert (2017) revealed that feeling one's pain can inevitably influence their engagement in their job. In a study by (Bruno & Markel, 2016), more than 80% of health professionals demonstrated a willingness to quit which was evidence of low engagement due to low compassion. In regards to Mostafa & El-Motalib (2020), feelings of compassion among public servants in Iran affirmed the connection between a person and another's pain, worry or hurt whose influence on their engagement was significant. The severity of feelings being intense would negate one's degree of engagement in the workplace. However, Wentzel and Brysiewicz (2018) affirmed that feelings of compassion do vary from one individual to another and from situation to situation. Employees in the laboratory environment operate in varying contexts and roles facing unmatched challenges which generate different feelings among their immediate neighbours and peers whose effect on employee engagement also varies from time to time. Meryerson (2019) revealed that when organizational members come together, they do not necessarily talk about work-related tasks alone but are also encouraged to share their challenges,

pains and sufferings so that means of solving them are devised together and in this collective appreciation and acceptance of pain is propagated which greatly increases the engagement among organizational members. The researcher finds the literature discussed in this section affluent with the way feelings of compassion may affect the level of dedication, vigour and absorption into day-to-day work tasks. However, the literature does not fully represent the scenario among employees at Lancet Health centre hence the need for an in-depth investigation into how organizational compassion affects employee engagement in this regard. The literature was sourced from different authors who conducted studies in different locations using varying methodologies hence affirming the need to conduct a specific study that addresses how organizational compassion influences employee engagement at Lancet Health centre.

2.5 Responding to Pain and Employee Engagement

In Punjab in India, Gupta, Kumar and Singh (2014) revealed that an empathetic emotional response to another person's suffering moves people to act in ways that could ease their sorrow or enable them more tolerable. In practice, Atkinson & Jones (2018) presented a compassionate response as an action occurring to relieve one's pain aimed at alleviating such suffering and helping the victim to live through it. In their study, Kanov, Powley and Walshe (2017) cited that holding someone's hand or hugging those in pain contributed not only to their retention but also increased their dedicated efforts towards their job roles. George (2014) stated that while the response to others' pain may involve supporting the victims in ways such as giving them money to cover medical expenses, it may not guarantee their vigor in the workplace but prove to them that others care about their suffering and thus demonstrate the will through monetary response. Following Rothbard and Patil (2012), a response to others' pain aims at making such an experience more bearable. Inevitably, response to others' pain may occur concurrently with feelings of compassion but their

interrelation with employee engagement may differ depending on the prevailing situation. Empathetic concern about one's pain or suffering among health workers in Italy and Australia was tagged to their attachment to the hospital where they worked citing low engagement among the control group while tracking the trend of dedication and vigour in the intervention group (Brunetto & Markel, 2016). At Lancet Health center, the trend of employee engagement seems not to have been contrasted with the response to others' pain hence necessitating an inquiry into the matter.

Findings by Crossan, Mazuiz & Seijts (2012) revealed that although some people reject claims of individuals who frequently express feelings of compassion, the response comes naturally. Dutton, Worline, & Maitlis, (2012) and Workman & Hardin (2014) revealed that an organisation's spearheaded campaign towards showing compassion to suffering employees boosts their motivation and engagement with one another and it is a source of post-traumatic healing as well as increased commitment to their work.

Taking action towards one's pain or suffering based on the connection they have with each other in the work (Kanov et al., 2017). For example, new health workers at health centres despite learning about the painful situations some of the existing workmates are going through, may not be in an appropriate position to respond (Kabunga, 2021). Willingness to give care or respond to others' pain can enhance one's degree of engagement in their work roles and responsibilities. Caregiving as a result of compassionate feelings may not materialize in complex situations where there are no available courses of action to the prevailing circumstance hence lessening the victim's level of engagement (Hardianto, Kamastki, Habians, & Eliot, 2020). In the view of Rodriguez-Sanchez & Markos (2019), compassionate responding is a crucial piece in enabling victims to emerge out of suffering stronger. As revealed by Madden et al. (2020) (Madden & Sebastian, 2020), although feelings of compassion may present moral value, it is basically through

compassionate responding that the former comes to be a social force that may enhance one's level of engagement and compel them to dedicate their efforts to their job tasks. The essence of collective responding to others' pain in a group setting promotes social solidarity and compels interaction in the workplace which resultantly ignites one's commitment to vigorously engage in their daily work tasks (Anderton & Bevan, 2014). Gupta et al. (2014) revealed that responding to others' pain via coordinated approaches merits collective efforts to relieve victims of the pain.

Given the above discussion, the researcher concurs with the assertions that the authors have established that responding to others' pain involving empathic concern, taking action and giving the necessary care are fundamental determinants of employee engagement. The literature was obtained from various sources contributed by different authors who used varying methodologies in the studies conducted in different locations other than Lancet Health center. However, the literature does not directly reflect the situation among the employees of Lancet Health center hence the need to conduct an in-depth investigation into the matter.

2.6 Summary of Literature and Literature Gaps

In as much as several studies have been conducted about organizational compassion and employee engagement in Africa, particularly in East Africa, in a comparative study carried out in Uganda and Rwanda (Muzee, 2021), the organizational companion dimensions focused on mindfulness and kindness, kindness of supervisors towards employees and the employees' mindfulness about others, this study did not take a further step to explain or consider constructs like noticing pain, feeling pain and responding to pain. In another study conducted about compassion and employee engagement done by (Evers & Meyers, 2016), compassion was studied at an individual level (self-compassion), but not at the organizational level. Therefore, this study seeks to close that gap in the

existing literature by establishing the relationship between Organizational compassion and employee engagement at Lancet Health center.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter shows the methodology that was used in the study. The section particularly shows the research design, population, sample size, sampling techniques, data collection methods, data collection tools, unit of analysis and unit of inquiry, reliability and validity, research data collection procedure, data analysis and measurement of variables.

3.2 Research Design

The study adopted a case study design to establish the relationship between organizational compassion and employee engagement at Lancet Health center. The adoption of this design was based on the fact that it involves the collection of data at a point in a time; it is cheap to apply and it saves time given that the sample population is only examined at one point in a time. The study was purely quantitative in nature.

Quantitative Approach

The study adopted a purely quantitative approach because it enables a swift method of collecting data, analysing it as well as being more scientific (Lenz & Mangiofico, 2017). Besides, since the study aimed at establishing the relationship between organizational compassion and employee engagement that would be made possible by this approach.

3.3 Population and Sampling

3.3.1 Study Population

According to Saunders, Lewis and Thornhill (2012) a research population refers to the total collection of elements geared towards helping a researcher to make critical inferences and thus

conclude decision-making. The study population included 248 respondents drawn from different categories of people including employees like top managers, line managers and directors. From these, a sample of 151 participants was drawn with guidance from the Raosoft sample size calculator (see attached in appendices)

3.4 Sampling Design

The study adopted simple random sampling. Simple random sampling was used to select the respondents to take part in the study, simple random sampling is the process of a random selection of elements within a study population to provide an equal chance for every respondent to be included in the sample as postulated by (Saunders, Lewis, & Thornbill , 2007).

3.5 Data Collection Methods

3.5.1 Questionnaire

A structured questionnaire was issued to the respondents to collect primary and it was categorized into five sub-sections including bio-data, noticing others' pain, feeling others' pain, responding to others' pain, and, employee engagement.

3.5.2 Unit of Analysis

The unit of analysis of this study was a worker at Lancet Health centre (U) Ltd.

3.5.3 Unit of Observation

The unit of observation in the study included the top managers, operational personnel and directors the intention was to gather information from sources directly involved in engagements amongst one another in these health centre.

3.6 Procedure for Data Collection

The researcher collected a letter of introduction from the directorate of research and graduate training which was presented to the relevant authorities i.e., the management of Lancet Health Center (U) Ltd, seeking permission to collect study field data. The researcher also ensured cooperation from the respondents by assuring them of confidentiality about the data they provided. Upon being granted permission, the researcher administered the research instruments i.e. questionnaires for respondents.

3.7 Data Analysis

Data were checked for errors and cleaned. Data was then analysed using Statistical Package for Social Sciences (SPSS). Besides, descriptive statistics were utilized to describe the different sample characteristics of Lancet Health center through computing mean, standard deviation and frequencies. Correlation analysis was also utilized to establish the relationship between the study variables. Pearson's correlation coefficient was carried out.

3.8 Quality Control of Data Collection

Techniques for assessing data quality were applied to ensure that the data collected was valid and reliable enough for generalizability. Therefore, the research instruments were pre-tested for reliability and validity.

3.9 Validity of Data Collection Instruments

According to (Luketić, 2017), validity is an instrument's ability to generate findings which are by conceptual and theoretical standards. The validity of a research instrument demonstrates that it measures what it intends to measure. Upon development of the interview guide and questionnaire, guidance was sought from the supervisors to ensure quality tools are designed. The researcher

computed a Content Validity Index (CVI) as deemed appropriate to establish a suitable score of not less than 0.7. Intuitively, content validity affirms the extent to which the contents of a research instrument correspond with the theoretical content. CVI computation was carried out by adding up ratings dividing by the total number of items in consideration and then multiplying by 100% to obtain the percentage. The CVI formula is provided below.

$$\begin{aligned} CVI &= \frac{\text{Number of relevant items}}{\text{Total number of items}} \\ &= \frac{32}{44} \\ &= 0.727 \end{aligned}$$

From the computation above the content validity was 0.727 meaning that the questionnaire was valid for data collection and it agrees with Amin (2005).

3.1 Reliability

A research instrument is considered reliable if it can produce the same set of results on every occasion if repeatedly applied to measure a given concept in other environments or if used by other researchers. After the tool was developed, it was presented to the supervisors for scrutiny before deployment for field data collection. The researcher used the Social Package for Social Scientists to calculate the Cronbach's Alpha coefficient values of reliability for each study variable item and a coefficient of 0.7 and above is accepted as a rule of thumb states (Drost, 2011). Provided below are the reliability tests

Table 3.1: Summary of Reliability Tests

Reliability Statistics		
Variable	No. of Items	Cronbach's Alpha
Noticing Pain	6	.838
Feeling Pain	4	.719
Responding to pain	7	.835
Employee Engagement	4	.937

Source: Primary data 2022

3.1.1 Measurement of Variables

Independent Variable

The independent Variable herein referred to as organisational compassion was measured based on contracts like noticing pain, feeling pain, and responding to pain as based on earlier works of Clark (1997)

Dependent Variable

The dependent variable herein referred to as Employee Engagement was measured based on contracts like vigour, dedication and absorption as based on earlier works of Clark (1997).

3.1.2 Ethical Consideration

Formal authorization was sought from the relevant offices and upon being granted by the Human Resource manager at Lancet Health center (U) Ltd, the researcher commenced the data collection process. The researcher obtained informed consent from respondents and key informants before administering the research instruments as suggested by Zeng et al. (2021). The researcher also upheld honesty and trustworthiness regarding the study's purpose, goals and procedures. Utmost confidentiality was highly ensured.

CHAPTER FOUR

PRESENTATION, ANALYSIS, AND INTERPRETATION OF FINDINGS

4.0 Introduction

This chapter presents the analysis and interpretation of the study findings in line with the study objective. Therefore, that chapter begins with the response rate, followed by characteristics of the respondents, descriptive statistics, and lastly inferential statistics.

4.1 Response Rate

The current study targeted a sample of 151 respondents and 151 questionnaires were distributed to the respondents. Out of 151 questionnaires distributed, 104 were completed bringing the response rate to 68.8%. This is considered an appropriate rate as per Linder & Wingebach, (2002).

4.2 Characteristics of Respondents

The aim of collecting the respondents' characteristics was to establish whether they were comparable with those of the target population. The respondents were requested to indicate their gender, age bracket, level of education and position they hold in Lancet Health center. Respondents were also requested to indicate their marital status

Table 4.1: Characteristics of Respondents

Gender	Category	Frequency	Per cent
	Male	53	51.0
	Female	51	49.0
Subtotal		104	100.0
Age_ bracket			
	Below 20 years	1	1.0
	20-30 years	43	41.3
	31-45 years	57	54.8
	46-49 years	3	2.9
Subtotal		104	100.0
Education level			
	Primary	8	7.7
	Secondary	9	8.7
	Certificate	25	24.0
	University	62	59.6
Subtotal		104	100.0
Position			
	Operations Personnel	50	48
	Line manager	32	30.8
	director	22	21.2
Subtotal		104	100.0
Marital status			
	Single	55	52.9
	Married	49	47.1
Total		104	100.0

From Table 4.1, the respondents were evenly distributed with 53 (51%) males and 51 (49%) females. This indicates that both genders were equally represented and there was no gender bias. On the side of age, the majority of the respondents were between 31-45 years 57(54.8%), 43(41.3%) were between 20-30 years followed by those between 46-49 years 3 (2.9%) and lastly those below 20 years were 1 (1.0%). In terms of academic background, the majority of the respondents had studied up to university 62 (59.6%) and 25 (24.0%) were certificate holders. Secondary-level respondents were 9 (8.7%) and those that had studied up to the primary were 8 (7.7%).

The study also sought to establish the position held by the respondents. The majority of the respondents held operational level positions 50 (48%) and this was followed by managers 32(30.8%) and lastly by directors who constituted 22 (21.2%). Turning to the marital status of the respondents, the majority were single 55(52.9%) and 49(47.1%) were married.

4.3 Descriptive Statistics

Descriptive statistics computed in this regard are means and standard deviations for the different responses that were provided based on the study objectives.

4.3.1 Noticing Pain

Table 4.2: Descriptive statistics on Noticing Pain and Employee engagement in Lancet Health center

Items	Mean	SD
In this organization, we can recognize the pain of one another	3.98	1.08
In this organization, we can only recognize the pain of others if they have informed us about it	3.48	1.31
We can identify the pain of people close to us in this organization	3.71	1.28
This organization encourages and empowers colleagues to identify the pain others go through	3.30	1.25
The pain of a colleague is quickly brought to the attention of management to act on it	3.22	1.25
In this organization, there is a room provided for listening to one another when faced with a problem	3.56	1.11
Grand mean	3.54	

According to results in Table 4.2, the majority of the respondents indicated that in their interactions, they can recognize the pain of one another (Mean=3.98, SD=1.08), this was followed by respondents who reported that they could identify the pain of people close to them (Mean=3.71,

SD=1.28). Respondents also indicated that there is a room provided for listening to one another when faced with a problem (Mean=3.56, SD=1.11). Furthermore, respondents indicated that in their interactions, they can only recognize the pain of others if they have informed them about it (Mean=3.48, SD=1.31). Regarding encouragement, respondents showed that management encourages and empowers colleagues to identify the pain others go through (Mean=3.30, SD=1.25) and lastly, it was reported that the pain of a colleague is brought to the attention of management to act upon it (Mean=3.22, SD=1.25).

4.3.2 Feeling Pain and Employee Engagement

Table 4. 3: Descriptive statistics on Feeling Pain and Employee Engagement in Lancet Health Center

Items	Mean	SD
In this organization, members are aware of the value of sharing problems (pain) with others/colleagues	3.75	.932
This organization encourages us to inquire more about the problems our colleagues are facing	3.46	1.05
We feel comfortable when we see our colleagues in pain/suffering	3.09	1.50
In this organization, we feel guilty if we don't do anything to help a colleague in pain/ suffering	3.86	1.04
Grand mean	3.54	

According to findings in Table 4.3, respondents indicated that in their organization, feel guilty if they don't do anything to help a colleague in pain/suffering (Mean=3.86, SD=1.04) and further indicated that they were aware of the value of sharing problems (pain) with other's/colleagues (Mean=3.75, SD=0.932). Regarding inquiry about problems, respondents indicated that their

organization encourages them to inquire more about the problems their colleagues are facing (Mean=3.46, SD=1.05). Besides, respondents also indicated that they felt uncomfortable when they saw their colleagues in pain/suffering (Mean=3.09, SD=1.50).

4.3.3 Responding to Pain

Table 4. 4: Descriptive Statistics on Responding to Pain and Employee Engagement in the Lancet Health Center

Items	Mean	S. D
This organization encourages showing care and concern for people suffering/in pain in our team	3.73	.997
This organization has put measures in place to assist colleagues in pain	3.40	1.12
We mobilize colleagues in this organization to render support to a friend in pain/suffering	3.65	.93
Members of the organization don't help colleagues who are suffering/in pain until they return to work	2.86	1.12
Colleagues in this organization stand in for their colleagues off duty to help them overcome the pain/suffering they go through	3.60	1.07
There is a policy of collecting resources to give to a colleague in pain/suffering	3.07	1.13
There are counselling sessions for members who are in pain/suffering	3.00	1.17
Grand Mean	3.33	

From the results in Table 4.4 above, majority of the respondents indicated that they always showed care and concern for people in pain/suffering in their team (Mean=3.73, SD=0.997) and also reported that they mobilize colleagues in their organization to render support to a friend in pain/suffering (Mean=3.65, SD=.93). In addition, it was reported that employees in organization stand in for their colleagues when they are off duty to help them overcome the pain/suffering they go through (Mean=3.60, SD=1.07). Turning to assistance, respondents in the study indicated that, measures are put in place to assist colleagues in pain (Mean=3.40, SD=1.12) and relatedly results

also indicated that a policy was put in place to collect resources and give them to a colleague who is going through pain/suffering (Mean=3.07, SD=1.13). On the side of counselling, results indicate that respondents agreed that counselling services are provided to members going through pain/suffering (M=3.00, SD=1.17) and lastly, results indicate it is uncommon for members to refuse to help colleagues who are suffering/going through pain (M=2.86, SD=1.12).

4.3.4 Employee Engagement in Lancet Health center

Table 4.5: Employee Engagement in Lancet Health center

Items	Mean	SD
I can invest all the efforts that it takes to have my work successfully done	3.70	1.39
It becomes hard for me to disengage myself from my work	3.15	1.03
Sometimes I feel happy about my work and tend to see time passing so fast	3.63	1.00
When I wake up, I rarely feel like going to work	3.48	1.16
Grand mean	3.49	

Statistics in Table 4.5 reveal that there is a noteworthy variation in response to the items provided on employee engagement with the majority indicating that they can invest all that it takes them to have their work successfully done scoring a mean score of 3.70 and a standard deviation of 1.39. Respondents also indicated that sometimes they feel happy about their work and tend to see time passing so fast with a mean score of 3.63 and a standard deviation of 1.00. This was followed by the fact that respondents revealed that when they wake up, they rarely feel like going to work with a mean score of 3.48 and standard deviation of 1.16. Lastly, respondents revealed that it becomes hard for them to disengage themselves from their work with a mean score of 3.15 and a standard deviation of 1.03. on average, the respondents revealed a low level of engagement in Lancet Laboratory given that the grand mean score is 3.49.

4.4 Findings on the relationships between the study variables

To establish the relationship between organizational compassion and employee engagement, bivariate analysis was used. Particularly Pearson’s correlation was computed to establish the association between organizational compassion and employee engagement. The different aspects of organisational compassion included noticing pain, feeling pain and responding to pain and the results of the correlation test are shown in the table below.

Table 4.6: Relationship between Noticing Pain, Feeling Pain, Responding to Pain and Employee Engagement

Correlations		Noticing Pain (1)	Feeling Pain (2)	Responding to Pain (3)	Employee Engagement (4)
Noticing Pain (1)	Pearson Correlation	1			
Feeling Pain (2)	Pearson Correlation	.392**	1		
Responding (3) to Pain	Pearson Correlation	.063**	.340**	1	
Employee Engagement (4)	Pearson Correlation	.180**	.252**	.265**	1

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

According to the results in Table 4.6 above, noticing pain has a weak positive relationship with employee engagement ($r=0.180$, $P<0.01$), and feeling pain was found to have a weak positive significant relationship with employee engagement. This is evidenced by a Pearson coefficient of ($r=0.252$, $P<0.01$). Results also revealed a significant weak positive relationship between responding to pain and employee engagement as indicated by the coefficient of ($r=0.256$, $P<0.01$). This implies that when organizations increase the way they respond to those in pain through measures to reduce or alleviate the pain they increase the level of employee engagement.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION, RECOMMENDATIONS AND AREAS FOR FURTHER STUDY

5.0 Introduction

Presented in this chapter is the summary of the findings, discussion of the findings, recommendations, limitations and areas for further study.

5.1 Summary of Findings

The current study intended to investigate the relationship between organizational compassion and employee engagement in the health sector. The study particularly sought to;(a) establish the relationship between noticing pain and employee engagement, (b)examine the relationship between feeling pain and employee engagement and (c)Investigate the relationship between responding to pain and employee engagement. The study findings revealed that noticing pain was statistically related to employee engagement. The findings revealed that there was a statistically significant relationship between feeling pain and employee engagement and further results indicated that there was a statistically significant relationship between responding to pain and employee engagement at Lancet Health center.

5.2 Discussion of Findings

The discussion of the findings in this section is according to the study objectives which were adopted in the study as indicated below.

5.2.1 The relationship between Noticing Pain and Employee Engagement in the Health Sector

The study investigated the relationship between noticing pain and employee engagement in the health sector with specific evidence from Lancet Health center. The findings established that

noticing pain significantly determines employee engagement in the health sector. This implies that health sectors that encourage collective noticing of one another's pain are likely to experience an increase in the level of employee engagement in Lancet Health center. This is in line with Sutcliffe (2019) who revealed that collective acknowledgement of pain within a social setting like an organization brings about a shared appreciation that pain exists and this can be possible if they identify and pick up on emotional cues and sense what goes around them.

This finding however contradicted the findings by Peters (2018) who alluded to the fact that noticing others' pain does not guarantee feeling compassion for them but rather possible to acknowledge their pain and feel nothing for them. This too does not assure employees of high engagement in the workplace as stated (Rothbard & Patel, 2012). The study findings agreed with April et al., (2017) who suggested that, much as organizations are evolving at a fast pace and this may require some to work in semi-virtual means, there is a need for organizations to put in place measures to encourage collective noticing of pain of one employee by another to improve how they engage. The findings also point to the need for employees within an organization to bring their pain/suffering to the notice of others to find means of getting assistance as posited by Ko & Choi, (2020). This was further supported by findings from (Lenz & Mangioficio, 2017) who suggested that noticing the pain a peer is going through at work is essential because it is the beginning of compassion and without it, compassion cannot exist. These findings attest to findings by Kasekende et al.(2022) who found organizational compassion to significantly influence employee engagement in non-government organizations. These postulated that a collective effort by employees in recognition of pain/suffering experienced by peers may lead to a positive change in the way they engage or relate with one another in the organization. This finding is however contrary to Frost (2017) & and Ways (2018) who showed that noticing pain during compassion

did not significantly predict employee engagement. This was attributed to the fact that noticing pain in the work context required the involvement of intuition, listening attentively and, seeking out information to understand the other person's situation which at times may not exist as everyone tries to work around the clock to beat their deadlines. The current study findings are in agreement with Frost (2017) who revealed that noticing pain significantly predicted employee engagement among health practitioners in London. Similar findings by Mwanje (2018) where the majority of the respondents in selected HIV/AIDS programme-focused organisations attributed their increased engagement to noticing one another's pain/suffering and devising means of dealing with it. Study findings also revealed that employees could identify the pain of peers most especially those close to them and this was revealed to be a trigger towards engagement among themselves. This finding was in line with Thomas et al. (2019) who attested that collective noticing of pain/suffering by employees in the organization was significantly related to their engagement. They further declared that this collective noticing of pain fosters engagement when it is propagated by the organization as a whole as compared to being propagated individually.

5.2.2 The relationship between Feeling Pain and Employee Engagement in the Health Sector

The study aimed to establish the relationship between feeling pain and employee engagement. The study revealed a statistically significant relationship between feeling pain and employee engagement. This means that organizations that embrace associating (feeling pain) with those suffering are likely to register a significant increase in their employee engagement. This finding is consistent with Kanov et al. (2018) who established that the degree to which organizational members collectively feel concerned with the pain suffered by another determines how they will associate, relate and engage with one another. This did not differ from Goetz et al. (2019) who revealed that associating (feeling pain) with the sufferer creates motivational cues that relieve the

pain of the sufferer and become a fertile ground for employee engagement in the organization. Further findings by Mostafa and El-Motalib (2020) also supported the current study findings when they revealed that, feeling of compassion among health facility practitioners affirmed the connection between a person and another's pain, worry or hurt whose influence on their engagement was significant. The study also revealed that organizational members felt guilty whenever they did not do anything to help colleagues in pain. This finding is consistent with Clerk (2017) who established that feeling pain/ empathising with the sufferer significantly influenced employee engagement. Clark postulated that at times when the organization relaxes when it comes to collectively empathising with an employee in pain, individual employees are forced to personally take it upon themselves to mobilize among themselves and assist the person suffering out of their painful ordeal. The current study also identified the need for organizational members to share their problems with colleagues to collectively find a solution. This finding is in agreement with findings by Meryerson (2019) who revealed that when organizational members come together, they do not necessarily talk about work-related tasks alone but are also encouraged to share their challenges, pains and sufferings so that means of solving them are devised together and in this collective appreciation and acceptance of pain is propagated which greatly increases the engagement among organizational members.

5.2.3 The relationship between Responding to Pain and Employee Engagement in the Health Sector

The study also sought to establish the relationship between responding to pain and employee engagement. The findings revealed that there was a statistically significant relationship between responding to pain and employee engagement. This implies that organizations that propagate collective responses to pain/ suffering experienced by a colleague are those that most likely experience an increase in employee engagement. The study also found that organizations

encourage showing care and concern for people in pain/suffering. These findings are in agreement with the study by Dutton et al. (2019) who in their survey found that 45% of the organizations surveyed showed that they had put measures in place to take care of their employees in pain and further encouraged all employees to do the same for their colleagues. The study further indicated the fact that the organization collectively rallies colleagues to render support to a friend in pain/suffering and further revealed that there were policies in place for mobilizing resources to give to a colleague in pain/suffering. These findings are similar to the findings of Dutton, Worline, & Maitlis, 2012, Workman, & Hardin, 2014; who revealed that an organization's spearheaded campaign towards showing compassion to suffering employees boosts their motivation and engagement with one another and it is a source of post-traumatic healing as well as increased commitment to their work.

5.3 Conclusion

The study sought to investigate the relationship between organizational compassion and employee engagement in Lancet Health center. This finding was attributed to the fact that in a health facility where there is a collective feeling for one another during times of noticing, feeling and responding to pain, employees will be drawn together and their engagement will increase. Noticing pain was found to have a statistically significant relationship with employee engagement. Based on the study findings, there are prospects that the adoption of organizational compassion by health facilities will enhance the level of employee engagement among health workers. Workers who experienced compassionate feelings of affection, kindness, caring, and sympathy from their managers had better loyalty to the organization and sharing of knowledge, experienced less work stress, and were more engaged at work.

5.4 Recommendations

The study recommends that Lancet Health center should create a compassionate environment which allows workers to collectively notice the pains and happiness their colleagues go through, come up with a spirit of care and concern for those distressed, without fearing being embarrassed as well and collectively allow employees to gather and express freely their joyous times, relax and continue to establish individual links which increases their engagement rates.

Based on the study findings, the management of Lancet Health center should cultivate a culture of expressing compassion to all employees across the board at the organizational level. Managers of health facilities therefore ought to put policies in place that foster collective compassion for the employees which will lead to an increase in the way they engage with one another. Managers should particularly encourage a practice of collectively looking out for those who are in pain/suffering (noticing pain), trying to associate with those in pain or empathising with them (feeling pain) and reacting or doing actions that are intended to relieve the pain of the sufferer (responding to pain). Health facilities need to guarantee the organization's championed ethics and highlighted principles supportive of a culture of care and compassion. Integrate compassion practices into new role descriptions and support holders of current positions in reflecting on re-making their roles by integrating more care and compassion. They further need to encourage leadership based on individuals' exhibited compassion capabilities and further display success stories of employees that have surpassed the organization' set targets in responding to the pain of the suffering of fellow employees.

5.5 Limitations

Since the study adopted a case study approach, the study findings may not necessarily be generalized to represent other health facilities both in the private and government sectors.

Therefore, a longitudinal approach would be a suitable method because it can show how organizational compassion influences employee engagement over a long period. The current study also focused on compassion based on dimensions of noticing pain, feeling pain and responding to pain.

5.6 Areas for further research

The study focused on a case study of Lancet health centre, therefore. The findings of the study cannot be generalised to represent the rest of the health sector across the country. Further studies can investigate other dimensions like sympathy, caregiving and sense making.

REFERENCES

- Andaleeb, S. S. (2017). National Standard Test Menu, Techniques and Supplies List for Health center. *Social Science and Medicine*, 52(9), 1359–1370
- April, J., & Hamdan, J. (2017). *The compassionate mind: A new approach to the challenge of life*. London: The CBT distinctive features series
- April, K., Kukard, J. and Peters, K. (2013), *Steward Leadership: A Maturational Perspective*, Press, Cape Town
- Atkinson, N., & Jones, K. (2018). Are Self-Compassionate Employees More disengaged. *International Journal of Business and Management Research*, 189.
- Baker, C., Cornwell, A., & Gishen, N. (2016). *The evolvement of compassion in the work setting*. Chicago: Prentice.
- Blau, M. P. (1964). *Exchange and Power of Social Life*. New York: John Wiley & Sons Inc.
- Boyle, T. (2015). *Disengagement and Compassion at the work level management*. Lonon: Sage.
- Bruno , L., & Markel, J. (2016). Absorption, vigor and dedication: determinants of employee engagement in b-schools. *Indian Journal of Economics and Busines*, 61-70.
- Clerk, C. (2017). Misery and Company. *Journal of Personality and Psychology*, (84)6.
- Crossan, N., Mazutis, K., & Seijts. (2012). Burnout and work engagement among teachers. *International Journal of school of Psychology*, 34-40
- Dixit, A., & Upadhyay, Y. (2019). Mindfulness, Employee Engagement and Innovative Work

- Behaviour: a Review of Literature. *International Journal of Business and Management Research*, 4(6), 306–308.
- Drost, E. A. (2011). *Validity and Realibility in social science reserch. Education research perspectives*. Los Angeles,5151 state, : Univeristy drive,Los Angeles CA 90032 .
- Dutton , O., Workman, H., & Hardin , S. (2012). Employee Compassion: The Role of Noticing Pain. *International Journal of Psychology*, 128-212.
- Dutton, M., Worline, M., & Maitlis, K. (2012). Work engagement: A quantitative review and test of its relations with task and contextual performance. *Journal of applied psychology*, 90-
- George, T. (2014). From thought to action: employee work engagement and job performance,. Oxford: Oxford University Press
- Georgieva, S., & Enrique, S. (2018). *Journal of Work and Organizational Psychology Utrecht Work Engagement Scale in Dominican Teachers : Dimensionality ,. 34(1), 89–93.*
- Goetz, E., & Khahikh, S. (2019). Employee Engagement And Job Satisfaction. *Journal of organizational Psychology*, 34-43.
- Gupta, P., Kumar, R., & Sigh, P. (2014). From thought to action: employee work engagement and job performance,. *Indian Journal of Pschological management*, 87-98.
- Hardianto, Kamastki, Habians, K., & Eliot, H. (2020). Well-Being and Mental Wellness Well-Being and Mental Wellness. *Journal of Global Public Health .*
- Hollan, V., & Reynolds, A. (2015). Pschology: The role of Compassion in Engagement at the workplace. *Journal of Organizational Management*, 45.

- Homans, C. G. (1958). Social Behavior as Exchange. *University of Chicago Press Journals*.
doi:<https://doi.org/10.1086/222355>
- Ilies, L., & Peter, K. (2020). *The Compassion, Mindfulness and Caregiving in the Employment Sector*. Kansas: Cambridge.
- Indabawa, O., & Uba, T. (2014). The Alignment of Employee Engagement with Human Relations School of Thought. *American Journal of Humanities and Social Sciences Research*, 99-106.
- Jacinta, A., & Musaasizi, A. (2019). Job resources boost work engagement, particularly when job demands are High. *Journal of Education for Teaching*, 29-36.
- Kabunga, M. (2021). *The role of noticing, Feeling Pain, Mindfulness and employee Engagement*. Taiwan: M Sage.
- Kanov, J. M., Maitlis, S., Worline, M. C., Dutton, J. E., & Frost, P. J. (2004). *Compassion in Organizational Life*. 47(6), 808–827. <https://doi.org/10.1177/0002764203260211>
- Kasekende, F., Nasiima, S., & Byamukama, R. (2022). Organizational compassion, person-organization fit and discretionary behaviours in non-governmental organizations: a moderated model. *Evidence-Based HRM*, 10(4), 349–367. <https://doi.org/10.1108/EBHRM-07-2020-0097>
- Kawalya, C., Kasekende, F., & Munene, J. C. (2022). The interaction effect of psychological capital on the relationship between self-driven personality and happiness at work in the present and post-COVID-19 era. *Corporate Governance (Bingley)*, 22(3), 562–576.

<https://doi.org/10.1108/CG-08-2021-0275>

- Kiwanuka, S. N., Namuhani, N., Akulume, M., Kalyesubula, S., Bazeyo, W., & Kisakye, A. N. (2020). Uganda's laboratory human resource in the era of global health initiatives: Experiences, constraints and opportunities - An assessment of 100 facilities. *Human Resources for Health, 18*(1), 1–10. <https://doi.org/10.1186/s12960-020-0454-5>.
- Ko, S., & Choi, Y. (2020). The effect of CSR perception on creativity: The mediating effect of Compassion and the moderating effect of CSR Authenticity. *Journal of Digital Convergence.*, 59-70.
- Kyle , J., & Nyland, H. (2011). Social Exchange Theory, A critical Review. *Journal of Mathematical Sociology*, 119-134.
- Lenz, D., & Mangiofico, G. (2017). *Understanding the relationship between compassion and employee engagement*. Chicago: Proquest Dissertation and Thesis
- Luketić, D. (2017). Nacrt istraživanja: kvalitativni, kvantitativni i mješoviti pristupi. *Acta Iadertina*, 8(1). <https://doi.org/10.15291/ai.1252>
- Lunenburg, F., & Ornstein, J. (2012). Compliance Theory and Organizational Effectiveness. *International journal of scholarly academic intellectual diversity*, 212-217..
- Mauno , M. (2019). *Organizational Compassion in the workplace*. Lens: Manscript.
- Meryerson, K. (2019). From thought to action: employee work engagement and job performance., *International Journal of Management Psychology*, 90-95.

- Mostafa, A., & El-Motalib, A. (2020). Ethical leadership, work meaningfulness, and work engagement in the public sector. *Sage Journals*, 23.
- Mwanje, S. P. (2018). *Organisational compassion, happiness at work and employee engagement in selected HIV/AIDS programme focused organisations*. Kampala: Makerere University Business School
- Muzee, H. (2021). *Organisational Compassion and Employee Engagement in Virtual Work Environments during Covid-19 Lockdown in Uganda and Rwanda*. 10, 127–137
- Mwanje, S. P. (2018). *Organisational compassion, happiness at work and employee engagement in selected HIV/AIDS programme-focused organisations*. Kampala: Makerere University Business School.
- Namuhani, N. (2021). *Laboratory Diagnostics Performance in Uganda : A Survey of Test Availability and Constraints Across 100 Health center*. 1–18.
- Nassazi, J. (2013). isdom and compassion in psychotherapy: Deepening mindfulness in clinical. *Journal of work and organizational Psychology*, 156.
- Omodan, J., Tsoetsi , D., & Dube, A. (2020). The Utrecht Work Engagement Scale for Students. *Journal of Social Psychology*, 199-205
- Park, K. A., & Johnson, K. R. (2019). Job satisfaction, work engagement, and turnover intention of CTE health science teachers. *International Journal for Research in Vocational Education and Training*, 6(3), 224–242. <https://doi.org/10.13152/IJRVET.6.3.2>
- Rana, S., Pant, D., & Chopra, P. (2019). Work Engagement and Individual Work Experience:

- Research Findings and An Agenda for Employee Relationships. *Journal of Emerging Technologies and Innovative Research*, 6(5), 17–32.
<https://doi.org/10.13140/RG.2.2.12846.56644>
- Rehan, A., & Muhammad , R. (2022, Jan 12). *Social exchange theory: Systematic review and future directions*. Retrieved from National Library of Medicine:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9878386/>
- Rothbard, H., & Patil, P. (2012). Vigor, Dedication and Absorption: Work engagement among secondary school English teachers in Indonesia. *American Educational Research Journal*, 67-78.
- Sanchez, R., & Markos, L. (2019). *Bharati IMSR Journal*. Nebraska: Cambridge.
- Saunders, M., Lewis, P., & Thornbill , A. (2007). *Research Methods for Business Students*. Chicago: Prentice Hall.
- Scarlet, J., & Baldal, N. (2017). *The evolution of prosocial behavior: from caring to compassion” in Cambridge handbook of evolutionary perspectives on human behavior*. London: Cambridge: Cambridge.
- Stasio, M. (2020). Depression: From psychology to brain state. *International Journal for Equity in Health*, 128-137.
- Straughair, N. (2012). *Mindfulness and Compassion in the Generations*. London: Cambridge.
- Thomas, A., Coker, A., & James , A. (2019). Mindfulness, Compassion and Work Ethics. *Journal of Work and organizational Ethics*, 158.

- Wantzel , J., & Brysiewicz, K. (2018). Mindfulness, Employee Engagement and Innovative Work Behaviour. *Journal of Personality and Psychology*, 89.
- Wayment, M., & Huffaman, K. (2019). *Creating a compassionate world: addressing the conflicts between sharing and caring versus controlling and holding evolved strategies*. Cambridge: Routledge.
- Wiroko, E. P., & Evanytha, E. (2019). Mindfulness and Work Engagement Among Generation Y. *Psycho Idea*, 17(2), 154. <https://doi.org/10.30595/psychoidea.v17i2.424>.
- Zari , J., & Hosseini, K. (2018). *Imagining one's compassionate self and coping with life difficulties*. Chicago: Oxford University Press.
- Zhang , B., Johnson, M., & Baker, C. (2018). The influence of Compassion in the work setting, a critical review of Engagement. *International Journal of Psychology Management*, 3.

APPEDIX I: QUESTIONNAIRE

Dear respondent,

Kindly receive and fill out our questionnaire. This is an academic study seeking to establish the relationship between organizational compassion and employee engagement in the health sector in Uganda. The information provided will be used for academic purposes and it will be kept confidential.

In case you need any further information or to get a copy of the study findings, please reach me at the following address and/or our contacts. Tel. +256788 138721

Email: ridahsebbowa@gmail.com

SECTION A: Background characteristics of the respondents

In this section, please put a tick on the appropriate option

What is your gender? Male Female

Which age bracket are you?

Below 20years 20-30years 31-40 years 41-45 years 46-49years

Above50 years

What is your level of education?

Primary Secondary Tertiary University

Any other (please specify)

What is your position in the organization?

Operational Personnel Manager Director

What is your marital status?

Single Married divorced widowed

SECTION B: Organisational compassion

In this section, please put a tick in the space provided to show the degree to which you agree with the statements following the scale below. 1-Strongly disagree (**SD**), 2-Disagree (**D**), 3-Neutral (**N**), 4- Agree (**A**), and 5- Strongly Agree (**SA**)

Noticing Pain	SD	D	N	A	SA
	1	2	3	4	5
I feel encouraged in this organization to recognize the pain of others	1	2	3	4	5
In this organization, I can only recognize the pain of others if they have informed us about it	1	2	3	4	5
We can identify the pain of people close to us in this organization	1	2	3	4	5
This organization encourages and empowers colleagues to identify the pain others go through	1	2	3	4	5
The pain of a colleague is quickly brought to the attention of management to act on it	1	2	3	4	5
In this organization, there is a room provided for listening to one another when faced with a problem	1	2	3	4	5
Members collectively recognize the pain of a colleague and act accordingly	1	2	3	4	5
Organizational policies encourage the identification of colleagues in pain and put measures in place to help them	1	2	3	4	5

Feeling Pain	1	2	3	4	5
In this organization, I am aware of the value of sharing problems (pain) with other/colleagues	1	2	3	4	5
This organization encourages us to inquire more about the problems our colleagues are facing	1	2	3	4	5
I feel comfortable when we see our colleagues in pain/suffering	1	2	3	4	5
In this organization, we feel guilty if we don't do anything to help a colleague in pain/ suffering	1	2	3	4	5
Funds have been put in place to help members in pain/suffering	1	2	3	4	5

Members can express their emotions/pain and collectively talk about how to solve them	1	2	3	4	5
There is a regular meeting of members in which they talk about their pain related to work or home	1	2	3	4	5
	SD	D	N	A	SA
Responding to Pain	1	2	3	4	5
This organization encourages me to show care and concern for people suffering/in pain in our team	1	2	3	4	5
This organization has put measures in place to help me assist my colleagues in pain	1	2	3	4	5
It is possible for me in the organization to mobilize my colleagues to render support to a friend in pain/suffering	1	2	3	4	5
Members of the organization don't help me when suffering/or in pain until I return to work	1	2	3	4	5
Colleagues in this organization stand in for me when off duty to help me overcome the pain/suffering I am going through	1	2	3	4	5
I have benefited from the existing organization policy of collecting resources to give to a colleague in pain/suffering	1	2	3	4	5
There are counselling sessions in this organization that I can benefit from when I am in pain/suffering	1	2	3	4	5
SECTION C: Employee Engagement	SD	D	N	A	SA
Vigor	1	2	3	4	5
When I wake up, I rarely feel like going to work	1	2	3	4	5
Sometimes I feel vigorous and strong about my Job	1	2	3	4	5
I feel a lot of energy while at my workplace	1	2	3	4	5
I can push on with my work even when I face challenges	1	2	3	4	5
I can invest all the efforts that it takes to have my work successfully done	1	2	3	4	5
I sometimes respond to pressure that comes along with my work	1	2	3	4	5
I can build strong relationships with my co-workers	1	2	3	4	5
I can recover from challenges faced and perform well in the workplace	1	2	3	4	5

Dedication	SD	D	N	A	SA
At times I can go above and beyond my job description and responsibilities	1	2	3	4	5
I propose solutions to what is wrong in the organization other than complaining	1	2	3	4	5
Sometimes I respect my supervisors, co-workers, and the entire team	1	2	3	4	5
At times I take part in activities aimed at taking the organisation forward	1	2	3	4	5
I am proud to associate with this organisation	1	2	3	4	5
I rarely take the initiative to solve problems at the workplace	1	2	3	4	5
I feel that my role plays a very vital part in the success of the organisation	1	2	3	4	5
I feel inspired by my work	1	2	3	4	5
Absorption	SD	D	N	A	SA
Sometimes when working I tend to forget any other thing around me	1	2	3	4	5
It becomes hard for me to disengage myself from my work	1	2	3	4	5
Sometimes I feel happy about my work and tend to see time passing so fast	1	2	3	4	5
I find it challenging to leave work unfinished	1	2	3	4	5
I can fulfil my duties and responsibilities at work	1	2	3	4	5
I get fully fascinated by my work to perfect it	1	2	3	4	5

I appreciate your precious time in filling this questionnaire

APPENDIX II: Raosoft Sample Size Calculator



Sample size calculator

<p>What margin of error can you accept? 5% is a common choice</p>	<input type="text" value="5"/> %	<p>The margin of error is the amount of error that you can tolerate. If 90% of respondents answer <i>yes</i>, while 10% answer <i>no</i>, you may be able to tolerate a larger amount of error than if the respondents are split 50-50 or 45-55. Lower margin of error requires a larger sample size.</p>
<p>What confidence level do you need? Typical choices are 90%, 95%, or 99%</p>	<input type="text" value="95"/> %	<p>The confidence level is the amount of uncertainty you can tolerate. Suppose that you have 20 yes-no questions in your survey. With a confidence level of 95%, you would expect that for one of the questions (1 in 20), the percentage of people who answer <i>yes</i> would be more than the margin of error away from the true answer. The true answer is the percentage you would get if you exhaustively interviewed everyone. Higher confidence level requires a larger sample size.</p>
<p>What is the population size? If you don't know, use 20000</p>	<input type="text" value="248"/>	<p>How many people are there to choose your random sample from? The sample size doesn't change much for populations larger than 20,000.</p>
<p>What is the response distribution? Leave this as 50%</p>	<input type="text" value="50"/> %	<p>For each question, what do you expect the results will be? If the sample is skewed highly one way or the other, the population probably is, too. If you don't know, use 50%, which gives the largest sample size. See below under More information if this is confusing.</p>
<p>Your recommended sample size is</p>	<p>151</p>	<p>This is the minimum recommended size of your survey. If you create a sample of this many people and get responses from everyone, you're more likely to get a correct answer than you would from a large sample where only a small percentage of the sample responds to your survey.</p>

Calculation of sample size from a given population