Holding space: Shaping organisational empathy through a collaborative autoethnographic approach

Authors:
Dr Kathryn Pillay[1]
*Prof. Shaun Ruggunan[2]
Dr Cristy Leask[3]

Affiliation:

[1] School of Social Sciences, University of KwaZulu-Natal, South Africa

[2] School of Management, IT and Governance, University of KwaZulu-Natal, South Africa

[3] Graduate School of Business, University of KwaZulu-Natal, South Africa

E-mail:

pillaykat@ukzn.ac.za
*ruggunans@ukzn.ac.za
cristy@symbiosisconsulting.co.za

*corresponding author

1. Introduction

The aim of this article is to understand affective organisational responses, specifically empathy to employees in the context of the Covid-19 pandemic. Using a collaborative autoethnographic approach (CAE), we assess a South African public university's empathetic response to employees' work-life integration challenges at the peak of the pandemic. By 'organisational responses' we mean policies and practices enacted by human resource management in the organisational empirical case presented. In so doing, we offer an empirical account of how we as scholar-practitioners helped shape the organisational response to work-life integration, and the opportunities and challenges in doing so. Conceptually, we offer the idea of 'performative empathy' as a lens to analyse organisational behavior. Methodologically, CAE has limited use in South African management studies and our example acts as a prompt to management scholars to further develop its methodologic applications for theory/conceptual building.

The current pandemic has seen a surge of interest by organisations in employee wellness and much visibility has been given to concepts of 'self-care', 'wellness', 'compassionate leadership', organisational empathy, empathetic leadership and the idea of organisational disruption. Less clear to us is the distinction between substantive and performative empathy. By 'performative' we mean that these claims are superficial and not grounded in any authentic practice of empathy, but rather are performance or a simulacrum of empathy. By 'substantive' we mean authentic practices of empathy towards employees that have real world implications in their personal and working lives.

2. Organisational empathy

A discussion of performative empathy can only can only take place within the context of a broader understanding of organisational empathy and its resulting impact on employee wellness strategies. According to Clark, Robertson and Young (2019:171), empathy must be considered a multilevel construct comprised of three discrete dimensions, i.e. "(a) understanding another person's internal state (cognitive empathy), (b) sharing another person's affective state (affective empathy), and/or (c) behaviourally demonstrating that one has understood another person's internal state and/or shared another person's affective state (behavioural empathy)". While there are different levels of analysis that can be used to study empathy in organisations ranging from within an employee, between employees, interpersonal interactions, groups, and organisation-wide (Burch, Bennett, Humphrey, Batchelor & Cairo, 2016:173), we specifically focus on 'organisation-wide' empathy and apply the definition of empathy quoted above to understand how empathy is embedded in the structure and culture of organisations.

Ashkanasy and Humphrey (2011) state that the emotional climate of the organisation is reflective of the culture and leadership of the organisation. Empathetic organisations have a culture and climate that promotes employee well-being (Grawitch & Ballard, 2016). However, organisational responses and policies grounded in empathy go further than merely "framing organisations as vehicles for health behaviour promotion" (Garrin, 2014:109). Ultimately, empathy challenges neoliberalised forms of management, offering alternative patterns of leadership and organisational responses that promote affective workplace spaces/environments that result in necessary workplace social support that challenges new managerialist approaches, especially during crises.[1]

3. Genuine empathy

For Wander (2013) empathy and compassion need to be part of the social fabric of organisations. This means both policy and highly visible actions need to demonstrate that caring for others in the organisation is normative and expected. Empathetic responses therefore need to be incorporated into the mission statements of organisations, and for it to be regarded as an ideal upon which the organisational culture is based (Garrin, 2014).

The literature, as discussed below, suggests that the key drivers of the responses and policies of empathetic organisations include: employee needs, trust (which includes acknowledging employees as human beings rather than merely tools of productivity), and the desire to create community.

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1   While neo-liberalism is a term used when discussing policies designed to shift the states focus from public welfare to policies in favour of capital and the free market, new managerialism is considered the "organisational arm of neo-liberalism" (Lynch, 2014). It is a management system designed to prioritise productivity over people by focusing on performance, rankings, incentives and competition to drive business processes (Lynch, 2014). In addition, it engages in surveillance, monitoring and micro control of staff. Financial controls are centralised to line managers, and a managerial class is created to supervise non-management staff. Efficiencies thus replace relational values (Sewpersad et al., 2019).

3.1   Wellness interventions based on employee needs

Clark, Robertson and Young (2019:179) argue that one of the distinctive characteristics of empathy is 'convergence'. When applied to organisations, this implies that the affective state of the organisation is similar to the affective state of employees. In addition, the organisation's perceptions of employees' internal state is the same as employees' perceptions of his or her own internal state thus resulting in congruent organisational responses and behaviours that actively demonstrate empathy (Clark et al., 2019). In this regard, empathetic organisations focus on individual employee needs, acknowledging that their workforce is not homogenous and its members do not experience stress and crises in the same way.

For instance, stay-at-home and work-from-home orders during the global pandemic have shown that while employees are joined by their common vulnerability during this crisis they are unique in their circumstances. While some have the added responsibilities of parenting and home schooling, these families vary in terms of the number of people in the household, number and ages of children, and their living arrangements which include adequacy of housing, as well as access to domestic help. In addition, many employees have taken on caring for elderly and/or sick family members, while some are burdened by lack of access to family or friendship support networks resulting in social isolation. Each of these circumstances requires a specific organisational response and while collective well-being of employees is important, it is equally crucial that individual employee experiences are centred, especially during a crisis. Kossek, Pichler, Bodner and Hammer (2011) argue that the 'form or type' of support that employees receive makes a difference in reducing work-life conflict.

Empathetic organisations therefore, have made it their duty to better understand the individual needs of their workforce to tailor workplace social support that facilitates positive work-family integration. According to Cobb (1976 cited in Kossek et al., 2011:291), workplace social support can be defined as "an individual's belief that she is loved, valued, and her well-being is cared about as part of a social network of mutual obligation". In addition, social support includes the perceptions employees have of their ability to reliably access "helping relationships of varying quality or strength, which provide resources such as communication of information, emotional empathy, or tangible assistance" (Kossek et al., 2011:291). In other words, individual employees in empathetic workplaces know that the organisation and their immediate line management values their well-being and will provide the necessary specific support for their wellness/socio-emotional concerns.

3.2   Trust

Work on organisational resilience globally and nationally provide evidence that trust is crucial for organisational success, especially during times of crisis. Empathetic organisations respond to times of crisis with care and concern based on trust and then develop policies. For instance, during the pandemic and resultant lockdown, organisations displayed empathy by redefining what productivity means during crises and/or altering

their expectations of employees during this time. This was done by eliminating or postponing performance reviews, and acknowledging that it was unreasonable to assess performance targets that were put in place before the pandemic (Feder-Stanford, 2020).

Studies have shown that granting employees flexibility with regard to working hours, or autonomy to meet goals results in the perception of the organisation by employees, as supportive and compassionate (Shockley & Allen, 2007). Empathetic organisations engage transparently about trust with colleagues and supervisors and advocate for managerial styles built on trust. Employees feel trusted when others communicate with them with sympathy and empathy. This entails acknowledging the unique challenges experienced by individual employees, the acute mental and emotional stress during crises, and being validated as a human being rather than a human resource. The moments of least trust are felt during remote micromanagement practices. Empathetic organisations practise trust at both macro- and micro-levels of interaction. According to Gilbert, De Winne and Sels (2011), supportive line managers who are seen to represent the organisation, can increase employees' affective commitment and cause employees to view the organisation in turn as supportive and empathetic.

Additionally, organisations that embody empathy have at their foundation an acute awareness of employees as more than just bearers of labour but rather they are perceived and treated as human beings – carriers of experiences and knowledge other than that of being workers (Buckingham & Goodall, 2019). They are valued beyond what they can provide for the enrichment of the organisation. For instance, studies have shown that when supervisors provide work-family support which allows the employee to successfully navigate both home and work life, or empathises with the challenges employees face regarding work-life balance, this is interpreted by employees as care for his/her well-being (Hammer, Kossek, Kent, Bodner & Zimmerman, 2011).

In addition, the most important area of concern of an empathetic organisation, despite productivity goals not being met, is the wellbeing of the employee (Smith, Ng & Ho Cheung Li, 2020). If the employee does not meet a target or a deadline, the assumption of an empathetic leader is that the employee is not the problem but instead the employee has a problem and would thus require a safe space for them to discuss work-life issues, in order for support to be provided to them (Kossek et al., 2011). Empathetic leadership requires acknowledging workers as people, viewing them holistically, providing consideration to their personal lives, and recognising that they have dreams, goals, aspirations, ambitions, insecurities and personal struggles that exist beyond the organisation (Fortier & Albert, 2015). At its core, empathetic leadership does not focus on the bottom line, or productivity gains but is ultimately concerned with the care of the *people* who are responsible for the bottom line.

3.3   Creating community

Organisations with a caregiving culture understand that creating community is vital for resilience building in employees. In addition, organisations that value a healthy environment and ones that promote empathy and compassion will actively develop

opportunities to create community for employees, as they recognise that "for most employees, work is an inherently social activity" (Clark et al., 2019:166), in that it functions as an important conduit for 'interpersonal connectivity' (Gely & Bierman, 2007:297). This is especially true for employees who do not have opportunities for social interaction outside of the workplace. Work therefore becomes the locus of community ties.

Quarantine and lockdown during the pandemic resulted in social isolation for some employees for whom the workplace was a critical mode of connection, and means of social interaction. Empathetic organisations responded to this by providing employees with innovative methods to maintain this connection remotely. In so doing they created new spaces for engagement, allowing them to cope better with sudden change and increasing uncertainty. According to Jex (1998), when employees feel a sense of community and believe they have more social support in the workplace this results in their psychological and emotional reserves for dealing with work-life stress increasing and their perceptions of stressors decreasing. As Gilbert (2019) notes, "Humans crave connection. Feeling accepted for who you truly are can give you validation and self-worth. Knowing there are people who support you and will be there for you when you're struggling provides a sense of safety. And knowing you're needed, that you have a purpose, reminds you that you are valued. Community provides all these qualities and more". Studies show that communities provide a protective function and that people with social support are happier, live longer and have significantly less mental and physical health issues (see Berkman & Syme, 1979; Ruberman, Weinblatt, Goldberg & Chaudhary, 1984; Ozbay, Johnson, Dimoulas, Morgan, Charney & Southwik, 2007; Umberson & Montez, 2011).

Empathetic organisations understand that creating community provides a sense of belonging, support and purpose to employees and shows them that they are regarded as valuable to the organisation. The ability to adapt and thrive therefore, especially during times of crisis, is dependent on supportive relationships which provide employees with the capacity to cope effectively in spite of adversity.

4.   Research methodology

4.1   The context

The rapid escalation of the pandemic globally and in South Africa and its implications for work practices at universities prompted one of the authors of this article, Author R, to reflect on what it means to work from home as an academic. In May 2020, he wrote an opinion piece for the University of KwaZulu-Natal (UKZN) campus newsletter, the UKZNdaba. The piece was called 'working with home'. It was prompted by the challenges that resonated with him, his friends, and colleagues on an emotional and physical level while working 'from' home during a global pandemic. His key argument was that we are no longer working 'from' home but rather working 'with' home as work-life boundaries blur. Response to the article from the UKZN academic community via

emails and telephone calls showed that the arguments and points raised by Author R were ones that many academics were experiencing in their work-life juggle.

Common across these responses as well as his own experience was the mismatch between the need for organisational empathy and the lived experiences of staff. Adding to the mismatch was the dissonance between the public communication from the university (via an external wellness provider) about the need to self-care and care for others during profound organisational disruption, and actual lived experience 'on the ground'. This provoked thinking about empathy and organisational behaviour which transitioned to discussions with two women colleagues who would subsequently become collaborators on our research team.

Author R was acutely conscious of his identity and privilege as a man, with no children, living in a typically middle class house in a middle class suburb. He had argued that the pandemic placed an additional burden on women working from home, yet he could not speak for women who have a myriad of gendered challenges integrating their work and life that were amplified during the pandemic.

Given the largescale response to the opinion piece, UKZN's HR division contacted him in July 2020 to run what they termed 'training sessions' for university staff to manage work-life integration. Author R was happy to share his expertise. However, he also felt that given the unequal gendered impact of the pandemic on women employees, it would be disingenuous and patriarchal to run these virtual 'training' sessions as a man and also someone who was not a parent. That UKZN HR did not also think this was an issue was a puzzle. Author R subsequently contacted two women academics and colleagues that he knew were experiencing a multitude of work-life challenges as mothers and women. They also were actively working in research in the area from different disciplinary contexts.

4.2   Generating the research question and aims

Collectively we agreed that our webinar series should not be performative in nature but be authentic and substantive in its purpose. The design of the webinars therefore needed to reflect the themes that we felt were missing from the university response to employees during the pandemic. An ethic of empathy, care, community building and trust needed to permeate the design of the webinar.

Through a series of online Zoom discussions and WhatsApp messages, the three of us distilled the research questions of what we were trying to answer to:

1. How can we understand the type of organisational empathy deployed by our university during the national pandemic lockdown?

2. How can we design a webinar series on work-life integration that demonstrated the dimensions of real empathy such as care, trust, and community building?

The webinar became a platform to help us answer these questions, by enabling us to:

- ascertain the needs of employees that attended;
- reflect on our own needs and strategies as employee;

- understand whether attendees felt these needs were being responded to in a meaningful way by the organisation; and
- what implementable actions needed to happen to energise employees in terms of agility and resilience during the mandatory work from home period.

4.3   Forming the research team

Author P is a sociologist with expertise in understanding larger social relations and how they impact on the individual. Author L is a mother, an adjunct faculty and organisational psychologist, which positionally offers an inter-related perspective of inside and outside the public university. Author R is an industrial sociologist now working in a management school, whose expertise is in human resources and organisational behaviour. As scholar-practitioners, we have first-hand experience of the devastation and disruption of the pandemic on personal and professional lives. Author R has worked for UKZN for 18 years. Author P has worked for UKZN both in human resources and as an academic for 20 years. Author L has a shorter experience of working with UKZN for three years, but has worked extensively as a practitioner in the private sector. Collectively the three of us have deep work experience of the university organisational culture. Author R proposed to UKZN that the three of us run a series of three webinars, at one hour each for UKZN staff. We would draw on our multiple sets of professional expertise and personal experiences to deliver and position the webinars. The experience of collaboratively working together to develop and present the webinars was rich and thick with experiences of what it means to collaborate as researchers, to translate research into meaningful practice to meet 'grand challenges' (see Bacq, Geoghegan, Josefy, Stevenson & Williams, 2020) and engage with people who were struggling with work from home. Given the focus on selves, collaboration, critical reflexivity, context consciousness, emotional resonance, the evocative and analytical processes we engaged in, we organically gravitated to a collaborative autoethnographic approach to frame our experience of preparing and hosting the three webinars in August and September 2020.

4.4   Research approach

Our study adopted a concurrent collaborative autoethnographic approach (CAE). This means that data was all collected at the same time (over a 6-week period) during the CAE process. Autoethnography as a qualitative form of inquiry has gained much traction in the social sciences. The method is especially popular in education, psychology and sociology scholarship. The approach requires an introspective analysis of the researcher in relation to the social phenomena being researched. There is no positivist 'objectivity' or separation between researcher and researched (Norris & Sawyer, 2016). Instead there is critically reflective social dialogue between the self (the Auto) and social actors or phenomena. This dialogue is reflected through the lens of the sociological imagination, mitigating against a fetishisation of the self. In other words, trustworthy and credible autoethnography needs avoid being a self-absorption exercise. It has to show the iterative relationship between the personal world and the public world and show how

this relationship mutually constitutes the other. The ethnography therefore refers to the immersive ways in which the self experiences the context in which they are dialoguing with (Chang et al., 2013; Norris & Sawyer, 2016).

Given the importance and frequency of collaborative work in the social sciences, autoethnography has over the last two decades developed as a collaborative method. Collaborative autoethnography has become increasingly common in framing projects involving more than one researcher. It has developed its own identity as a qualitative approach in the methodology scholarship. Features of CAE such as collaboration, critical reflexivity, the use of the sociological imagination to make sense of the relationship between the personal and public and the practice of studying ourselves as researcher participants made it an appropriate choice of method for our study.

The three of us were both researchers and research participants during a very specific context (context consciousness) of the Covid-19 pandemic at a public university. We engaged in critical self-reflection by making our thoughts, emotions and vulnerabilities visible to each other, the attendees of the webinars and the commissioning HR managers of the university. We reflected on things that happened to us personally and professionally during the first months of the crisis. We shared our views on how Covid-19 is changing our organisational practices and community building. In this way researcher visibility was achieved. As Chang et al. (2013:22) argue: "The researcher is uniquely positioned to interrogate self and simultaneously be able to understand the nuances behind the responses." We worked as a community of three curating our autobiographical data. Through our combined autoethnographic experience we worked collectively to 'gain a meaningful understanding of social cultural phenomena' that we were all experiencing as facilitators of the three series webinar.

4.5   Curating the data

Our data collection consisted of three phases from July to October 2020.

Phase 1: Negotiating the proposal Emails, Zoom meetings and WhatsApp messages to each other to discuss the proposal from HRM.

- Written reflections at individual levels and then shared with each other. With vulnerable sharing of our unique lived experiences.

Phase 2: The development of the webinar series – sources of data: Emails, WhatsApp messages, Zoom meetings

- Written reflections at individual levels and then shared with each other.
- Pilot of the first webinar series with invited attendees who provided verbal and written feedback.

Phase 3: The webinar series – Context

The webinar series was completed virtually using the Zoom video conferencing platform. The webinar series consisted of three one-hour webinars. The webinars were held once a week on a Wednesday morning over three weeks. Participation in the webinar, by

attendees, was voluntary and they could stay as long as they wanted and leave before the webinar ended. The three of us shared facilitation of each webinar. Each session followed a formula: the introduction, a check-in with webinar attendees of actions implemented since the previous webinar – here the facilitators shared the stories of their attempts to shift behaviour. These were vulnerable examples of 'face-down' moments. By 'face-down' we refer to our moments of struggles and failures when we were not at our best (psychologically or physically) during the pandemic. Given the nature of academic work where our work is for the most part always peer reviewed, we sometimes struggle with vulnerability. The knee-jerk reaction can be defensive rather than dwelling in that moment of vulnerability. However, we know from the work of Brown (2013) for example, that vulnerability is a precursor to creativity. In sharing our vulnerable moments with webinar participants, we were demonstrating that we don't have to 'perform strength all the time'. The middle of the webinar structure created the link between each series and then introduced theoretical frameworks. The end of the programme consisted of further honest, real-life sharing of personal pain-points from the facilitators and the webinar attendees.

We used the chat function on Zoom to encourage feedback, activities, polls and questions from webinar attendees. Given the number of attendees and time limits, it would have been unwieldly to manage verbal responses. Attendees were from both the academic and administrative sectors of the university. While each of the three webinars had a specific theme, they were presented as an interconnected, and interactive series. Webinar one, the first in the series, focused on how different personality types respond to stress. Webinar two extended on this theme by focusing on self-care, trust and creating community, and the final webinar titled 'How to develop adaptive skills to navigate work-life balance' had as its focus, building resilience as part of a work-life integration strategy. These themes were the organic outcome of phase one and two of our webinar development process. None of the webinars were recorded, since we wanted the virtual space to be safe and judgement free as we felt this would encourage participation and allow for greater authenticity of both us as facilitators and those attending as webinar participants. The interactive space allowed participants to communicate how they were feeling during this crisis while working from home, as well as their responses to the content presented.

The design of the webinars included all sectors of the university. Also invited were friends and family of the facilitators. However there were never more than three friends and/or family at any of the webinars. Nonetheless their presence was important to democratise the space, and show that working with home is an inclusive practice that encompasses the whole employee and not just the part that they bring to work to 'produce' a service. Such a format also disrupted the traditional seminar format held at most universities that tend to be shaped by academic protocol.

Our experience of lockdown at home, limited colleague interaction, and no face-to-face student interaction, coupled with the pressure of emergency transition to online teaching and learning, served as boundary conditions, which bounded emotional responses. The webinar series allowed a bounded emotionality of authentic care and concern, which

encouraged the expression of emotions to facilitate community building and personal well-being in the workplace. The three one-hour webinars allowed the facilitators and the webinar participants the option of experiencing an alternative emotional experience, one of care and concern, psychological safety and connected to a community. After each webinar we reflected on our experiences of creating a contextual space of care, concern and creating community.

We took reflective notes as part of this process. Participation at webinars one, two and three were, 50, 90 and 147 respectively. After each session we met with the HRD managers that had commissioned the series for their feedback. Based on this feedback adjustments were made – for example one suggestion was for the use of polls during the sessions. Participants in our webinars were encouraged to provide feedback using the chat function on Zoom. Feedback was initially slow but by the second session the volume of feedback had increased significantly. Feedback was also provided after the sessions via private emails and correspondence from webinar attendees. The parameters and focus of this article however do not allow for the sharing of individual feedback.

4.6   Data analysis

The different corpora of data is vast. It included emails, text messages, Zoom meetings, phone calls, written reflections, webinar attendee feedback, and the iterations of this article from the May to October 2020. The coding of the data was reflexive, iterative, occurred at the individual level then subsequently at the group level. In distilling the data into themes the following emerged:

1. Wellness interventions based on employee needs
   - (Sub-theme) Need for psychological safety

2. Trust

3. Creating community

In arriving and exploring these themes, we then deployed the concept of performative empathy to describe the university's response.

4.7   Trustworthiness of the data

Despite the focus on researcher subjectivity in CAE, there are ways in which we can ensure the trustworthiness of the data and findings.

- The project has a clearly defined time period and research questions. This helps keep the temporal organisation of the data ensuring its focus.
- The participation of three researchers allows for greater inter-coder reliability during the coding process. More opportunities for dissent present themselves making the process richer and not the subjective outcome of an individual.
- The vast corpora of data and different mediums of data allow for triangulation with each other. Therefore self-reflection, group reflection, written reflection and debriefing

after each session, feedback from webinar attendees and benchmarking against trends in the global and national literature was helpful in establishing credibility.

- A danger of poorly conceived CAE is that it can lean towards 'gossipy' by implicating others that are not part of the research team. We have avoided this by reporting on our own reflective and analytical processes. All reportage on webinar attendee feedback is anonymous and has been aggregated to common themes.

- We as facilitators informed attendees that the webinar was a safe space for them to speak, and that the webinar or chats would not be recorded or quoted verbatim; we are therefore unable to provide direct quotes.

4.8   Limitations

The nature of the research design, the writing process and the organic development of the collaboration amongst the three authors who developed the webinar series means that we can only reflect on our experiences and the experiences of webinar attendees. HR representatives did not participate in the design, development or facilitation of the webinar series and were thus not included as collaborators in the writing up of this CAE. We are therefore unable to offer insights into their own dynamics and reflections professionally and personally during the shift to work from home policies at UKZN.

5.   Findings and discussion

5.1   Theme One: Wellness interventions based on employee needs

The University's guidance on how wellness should be holistically managed during the lockdown is outsourced to an external provider. The providers' input consists of weekly emails on practical wellness. This is their sole form of engagement with staff. Staff that require further assistance or guidance have to reach out by phone or email to the wellness provider. The providers' interventions are generic and not tailor-made to the unique context of a public university. No internal wellness programmes are offered by HRD itself. For example, there is no work-from-home policy or 'how to' guide that many other organisations have speedily provided during lockdown to assist employees with telecommuting, or boundary setting to assist with home-life integration. In addition, there was no engagement with staff on whether or not the wellness provider was providing the necessary support needed during this time. With this in mind we wanted to offer practical wellness interventions based on the unique circumstances of our organisation. Additionally, the heterogeneity of our employees' experiences during this crisis prompted us to see if we could offer tips on mitigating stress and promoting wellness depending on broad personality types.

The Covid-19 pandemic has raised our health literacy as a tool in the prevention of the virus. The starting point for the webinar series was personal mastery literacy. The aim

of starting with personal mastery was to offer awareness and insight into why people may have been reacting or lashing out in response to lockdown. Personal mastery is the process of personal growth and learning where a person constantly expands their ability to create the results in life they truly seek (Senge, 1990:141). The Enneagram framework was offered as a source of personal insight. The model describes nine tendencies to explain patterns of behaviour that are fundamental of human beings (Riso & Hudson, 1996). Each Enneagram type was presented with insights into core personality patterns, traits and defense mechanisms when under pressure, and in stressful situations, for example, the Covid-19 pandemic. Real-life examples were used to highlight the fixations of behavioural characteristic patterns. Developing our insight and capacity to experience, verbalise and share these emotions contribute towards emotional maturity and resilience. With this insight, individuals understand and accept not only themselves, but also others which can lead to more compassionate relationships and improved well-being (De Lassus, 2006). In addition, it allows people to observe and regulate their responses to situations and behaviours so that they are able to communicate and function in society at an optimum level during crises. At our debriefing sessions after each webinar, it became apparent that despite the plethora of news on wellness during the pandemic, webinar attendees struggled with finding interventions that suited their own personalities, ways of working, and their unique lived experiences. The Enneagram thus served as an important tool to assist employees in becoming more self-aware, and to make better behavioural choices as a result.

5.1.1 Need for psychological safety

Psychologically safe environments are those in which staff feel safe to voice ideas, willingly seek feedback, provide honest feedback, collaborate, take risks and experiment, and is one way to overcome such threats to individual and organisational learning. Author P and Author R as permanent academic employees of UKZN did not feel psychologically safe in voicing their ideas and opinions about how it was chronically stressful to make the switch almost overnight to emergency remote teaching. The drive from UKZN to make the switch came with no internal psychological support. Training in how to use new technologies to teach remotely was viewed as support, when it was in fact simply training on how to use new technologies. At the same time student mental health was viewed as a priority by UKZN with extensive (not outsourced) psychological support services being offered. The implicit message, in our opinion, was that staff already had the resilience and agility to make the transition to new ways of working and living when no empirical work by UKZN suggested this. No survey of staff and their needs took place for example, yet multiple demands were made on staff with no recognition of the diversity of challenges that staff faced while working from home. Author P and Author R discussed these feelings and concerns with Author L, who holds a liminal space as an outsider, psychologist and adjunct faculty at the UKZN business school. The purpose of these discussions was to gain insights from Author L about her work with other organisations during the pandemic and what their employee wellness strategies were. It was at this point that psychological safety was raised by Author L as

a necessary condition for flourishing and empathetic organisations. As a result of this collective reflection we wanted our webinar series to be a psychologically safe space for webinar participants and ourselves, given the lack of it in our respective UKZN work environments.

Creating a psychologically safe webinar environment was thus intentionally crafted by facilitators. This was done by assuring webinar attendees of the following: the session would not be recorded, neither would chats using the chat function on Zoom be archived. Attendees could sign on anonymously or anonymise themselves when providing feedback using the chat function (Zoom allows for this functionality). The facilitators also through sharing their own vulnerability at the start of each session signalled to webinar attendees that this was not going to be a traditional 'HR training webinar' type format. For example, facilitators spoke about their spouses, children and their attempts at coping for that week (failed and successful). It was hoped that through this form of authenticity, that attendees would feel 'safer'. The fact that no attendee left any of the three webinars early and that webinar attendance increased significantly every week is one indicator that attendees may have felt safe to attend and participate.

The concept of psychological safety in the learning space is not a new phenomenon (Fowler & Rigby, 1994). Given the Covid-19 Zoom fatigue and the public university setting, we were aware of the importance of creating psychological safety so participants could experience alternate emotional responses. This requires a "safe" environment in which individuals feel they will be taken seriously and not fear retribution and dismissal of their views (Edmondson, 1999).

Edmondson (1999) proposes a definition of psychological safety as the shared belief that the work team offers a safe environment for interpersonal risks and information sharing. Psychological safety is particularly important in an academic environment in which peer-review and critical thinking can lead to some staff feeling insecure, holding back on ideas and staying in their silo. Research has shown that psychological safety is associated with optimal team functioning, proactive team discussions, engagement in behaviours that facilitate a safe environment, increased feelings of security and employee well-being (Kessel, Kratzer & Schultz, 2012). Therefore, a work-place that encourages psychological safety can lead to improved team cohesion and job performance amongst team members (Baer & Frese, 2003). Participants needed a psychologically safe and interactive space to express themselves as well as to 'learn' in. Based on attendee feedback, the use of an external wellness provider did not create this safe and interactive space for UKZN employees to engage in. We acknowledge that other employees who were not present at the series may have had different experiences.

5.2   Theme Two: Trust

Trust is at the core of organisational flourishing and agility, yet the organisational response by UKZN as experienced by us was that it worked from the premise of mistrust. This was exemplified in two ways in Author R's experience. Despite profound and global organisational disruptions and an almost universal shift away from performance

contracting, UKZN insisted that performance contracting would continue as normal, even if the contextual situation made the attainment of Key Performance Areas (KPAs) impossible. Instruction to complete contracting was persistent and stressful. At the time of writing this article, no dissent or discussion about adapting the process was allowed. However, after pressure from the unions, the university agreed for flexibility to be applied but not for performance management to be removed for 2020. This was ironic given that academic staff successfully completed the first semester (which was eight months long) engaging in a range of activities not captured by the performance management KPAs. For example 80 percent of Author R's work was teaching and supervision remotely. Yet during Author R's performance management contracting, teaching could only count for 45% of his time. Academics earned the trust of management by facilitating the completion of an arduous semester often using their own resources such as data, home schooling children, caring for elderly and sick relatives, and experiencing high levels of anxiety and trauma, yet reciprocation from UKZN is not evident. Author L, given her expertise as a psychologist and her being in senior HRM positions previously, was a sounding board as we engaged weekly on how to understand the organisational response. Author R tried to apply for leave as way of having dedicated time off to process the chronic fatigue of working remotely, anxiety of having a spouse on the frontline of the pandemic and the constant monitoring and surveillance by UKZN of work activities. However, taking leave during the lockdown was viewed as unnecessary, and he felt leave shamed. This was the experience of a number of colleagues at UKZN. Given these experiences, it was essential that our webinar series forefront trust at both the interpersonal and organisational levels.

5.2.1 Interpersonal trust

The trust between the facilitators was necessary to create psychological safety, which allowed participants to engage with the webinar series. The literature reveals that trust between team members and their manager has been shown to promote psychological safety. Within a work context, the development of trust results from a general feeling that the manager demonstrates availability, competence, coherence, discretion, equity, integrity, loyalty, transparency, the fulfilment of promises, and receptivity (Butler, 1991). Therefore, managers have a vital role to play to build and maintain trust to ensure psychological safety to allow staff to flourish and thrive in their work contributions. In the webinar series, we focused on appropriate trust-building actions that would support a remote work environment in a public university context. When participants shared trust-building actions that they had implemented, or experienced from peers and line managers, this created the possibility for the emergence of a culture of care and concern.

5.2.2 Organisational trust

The three of us were and are all involved in work on organisational behaviour. Our completed fieldwork on how organisations are responding to the pandemic revealed that a common and key theme emerging from all our work is that of organisational trust as a measurable and tangible set of actions.

We reflected on organisational trust during the webinar series by incorporating it into our discussions on Self-Care. We highlighted the shame felt by employees who were made to feel "not productive enough" by colleagues or line managers during the pandemic while working from home. We emphasised that ideally, people should not be expected to be productive during a global pandemic and that it was okay to prioritise coping, survival and self-compassion (in the absence of genuine compassionate responses from the organisation). The deceptive notion that everyone is able to be equally productive given their access to the same time schedule as others, means very little when all employees don't have the same access to resources, finances, and other forms of privilege that allow for some to be more productive than others. Organisations who acknowledge these inequalities are able to adjust their expectations of productivity and may also assist employees during this period to redefine what productivity means during crises. The webinar series thus seized the opportunity to link individual purpose and purpose-led organisations, which impacts employee engagement. This brings implications for how we formulate and implement the Covid-19 care plan. By a Covid-19 care plan we refer to a work organisation's plan that authentically accounts for employees' holistic wellbeing, not only the productivity gains derived from increased organisational performance.

As Crosina (2020) suggests: "Crises can be challenging not only because they paralyse workers psychologically by removing a sense of security, but more pragmatically because they undermine workers' ability to do their jobs and to achieve their goals in the short term." By being less outcomes-focused and paying more attention to nurturing positive relationships, organisations can achieve the same outcomes. Employees want to feel a sense of stability and purpose during times of high uncertainty (Crosina, 2020). More instrumentally, "positive relationships create space for deeper understanding and trust" (Crosina, 2020).

Human resource managers have to shift their view of employees as resources, like any other commodities. As the pandemic shows, the full dimension and competing identities of human beings impact greatly on organisational success. By building and sustaining positive relationships, not only can trust be built but also so can the business continuity of organisations. These are not mutually incompatible goals.

5.3   Theme Three: Creating community

Key to the three of us navigating the pandemic and its impact on our personal and organisational lives was the community that we created amongst the three of us. Shared interests, being open about vulnerabilities, and enquiring about each other's families helped mitigate the isolation and anomie of working remotely for UKZN. It was important that we encouraged participants to also create their own communities with colleagues from UKZN as a resilience strategy. This was especially crucial for staff who live alone and for whom coming into work was the only form of social interaction that they had. Apart from a few webinars hosted by HR collectively for academics around teaching and learning or for women leaders and women academics, there were no efforts made

generally by HR or in our individual schools implementing and encouraging creative community-building initiatives.

The second webinar focused on creating community, appreciating each person's unique community and understanding that the Zoom time would allow participants to transform the isolation to connectedness. A natural response when crises occur is that people, teams and organisations shut down. This is often a result of efforts to protect limited resources, but it can be isolating and alienating. The core of community building is expanding the shared sense of belonging (Block, 2018). The webinar series itself was designed to create a community during that limited time. Many participants indicated in the webinar that this was the first time that they had felt part of a wider community experiencing similar issues of work with home. As a way to continue with our idea of creating community, we encouraged participants to form their own communities for support and also suggested the idea of check-in buddies, whereby people would check in on each other, rather than relying on official university structures to supply psychological support. Additionally, we approached HR to scale up the webinar series based on attendee feedback.

6.   Conclusion

The discussion of the above themes shows that focusing on employee needs which include the need for psychological safety, trust and creating community are key dimensions of authentic organisational empathy. We felt that these dimensions were lacking in the UKZN response to employee wellbeing during the pandemic. Subsequently, the opportunity to design a webinar series on work-life integration for UKZN presented itself. It was integral that the series not make the perceived missteps of UKZN by not incorporating elements of organisational empathy.

As we collectively reflect on our personal insights from the webinar series, of particular relevance are three key insights. We are acutely aware that students and staff are unique human beings and there is no 'one size fits all' model to work-life balance, as some people have been in lockdown with young children in under-resourced areas while others have been home-bound in a larger home with access to amenities. Our webinar intervention shows that empathetic collaboration is a key behaviour to develop social capital that moves beyond the performance scorecard. Given that senior members of HR were present throughout the webinar series we would hope that the work we have done can inform HR policy of the institution. This would require an organisation that embodies empathy and values employee well-being as more than just productivity performing units.

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