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Experienced Compassion and Prosocial Behavior: Does State Optimism Mediates the Relationship?

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Abstract- We draw on affective event theory (Weiss & Cropanzano, 1996) to explore the association between experienced compassion and prosocial behavior with the mediating role of state optimism among nurses of public sector hospitals in Pakistan. We collected data in three time lags from 406 nurses and their colleagues using self-administered questionnaire survey. Findings indicate that experienced compassion results inprosocial behavior among nurses. However, this association is partially mediated by state optimism.Albeit, our findings are is in line with earlier studies which maintained that experienced compassion at workplace trigger positive emotions in employees which ultimately translate into positive attitudes and behaviors, however, linking of compassion with prosocial behavior, and identification of distinct positive emotional state i.e., state optimism as a mediator are the novel theoretical contributions of our study. The strengths, limitations, implications, and future research directions are highlighted.

Keywords: affective event theory, experienced compassion, prosocial behavior, state optimism.

I. INTRODUCTION

Positive organizational behavior (POB) as a field of inquiry is still in its infancy (Luthans & Youssef, 2007). This emerging discipline highlights the significance of positive aspects of human resources as well as work environments in predicting desired work outcomes. Consequently, it has attracteda plethora of research in the last few years (Fanaroff et al., 2019; Ugwu & Igbende, 2017). However, there remain certain gaps relating to exploration of factors which may affect employees capacity to indulge is positive behaviors like prosocial behaviors (Adolphs & Tusche, 2017; Layous et al., 2016).

Prosocial behavior refers to a particular behavior which protects, promotes, and contributes to the welfare of others (Grant, 2007). The purpose to these behaviors might be to benefit the colleagues, customers, groups or other stakeholders and ultimately the organization itself(Aknin, Van de Vondervoort, & Hamlin, 2018). In organizational context, prosocial behavior can be either role-specific or discretionary and it may be with or without any rewards for engaging in such behaviors (Organ, 2009). Owing to tremendous competition in the market, today's managers are not only confronted with the challenge of retaining their top performing employees, but in cultivating a culture that encourages them to go beyond and engage in prosocial behavior (Bolino & Grant, 2016; Esteve, Urbig, van Witteloostuijn, & Boyne, 2016; Ugwu & Igbende, 2017).

Existing research on prosocial behavior had identified dispositional, attitudinal as well as context specific antecedents of prosocial behaviors (Kline et al., 2017; Lin, Zlatev, & Miller, 2017; Martin-raugh, Kell, & Motowidlo, 2016).For instance, personality traits of agreeableness, positive affectivity and conscientiousness were found to predict prosocial behaviors of helping (Podsakoff, Mackenzie, Paine, & Bachrach, 2000). Similarly, by using the data from 15 studies consisting of 2500 individual observations,Kline et al. (2017) found a significant positive association betweenopenness to experience and agreeableness dimensions of personality and prosocial behavior.Attitudinal attributes of organizational commitment and job satisfaction were also found to be the major predictors of helping others, civic virtues, courtesy and sportsmanship behaviors (Luengo Kanacri et al., 2017; Podsakoff et al., 2000). Similarly, contextual factors were also found predicting prosocial behaviors(Layous et al., 2016; Lim & Desteno, 2016; Piff, Kraus, & Cheng, 2010).

Specifically, employees with enriched jobs were found demonstrating helping behaviors (Piccolo & Colquitt, 2006).

Taking a different perspective,we argue that compassion at workplace may also triggers prosocial behavior in the recipients of compassion. Compassion is defined as a relational process of noticing another person's suffering, empathically feeling his or her pain, and behaving in some way to ease the suffering (Dutton, Worline, Frost, & Lilius, 2006; Miller, 2007). Compassion occurs as a response to suffering in one' life and is intended to relieve that suffering (Dutton, Workman, & Hardin, 2014; Lim & Desteno, 2016).Furthermore, when employees experience compassion at workplace, it increase their feelings of connectedness with one another and results in producing a variety of positive feelings and emotions (Miller, 2007). Positive emotions in response to pleasant events in one' life are found predicting prosocial behavior (Adolphs & Tusche, 2017; Bolino & Grant, 2016; Knoche & Waples, 2016), suggesting that individuals who feel good, actually do good (George & Brief, 1992).Consequently it seems that experienced compassion will triggers prosocial behavior.

Moreover, although existing research had highlighted that experienced compassion at workplace triggers positive emotions in employees (Dutton, 2003; Eldor & Shoshani, 2016; Kanov et al., 2004; Lilius et al., 2008; Plante, 2016), but the predominant focus of these studies was on measuring aggregate positive emotions. On the contrary, we argue that individuals experiencing compassion may also feel distinct positive emotional statessuch as state optimism. State optimism refers to the optimism that may change depending upon the situation or contextual factors (Kluemper et al., 2009). Hence it is very likely that experienced compassion at workplace may triggers state optimism in the recipients of compassion who are the victims of workplace suffering or pain. Moreover, recent studies on prosocial behaviors also suggest that positive affective states trigger helping behaviors (Kanacri et al., 2017; Wen et al., 2013; Wichers, 2014). In the similar vein, affective events theory (Weiss & Cropanzano, 1996)postulates that positive affect in response to affective workplace events trigger affect driven behavior. Since prosocial behavior is considered as a type of affect driven behavior (Michie, 2009) hence it is likely to be influenced by state optimism. Therefore, we also propose the indirect association of experienced compassion with prosocial behavior via state optimism.

We use the lens of affective event theory (AET) to explain the association between experienced compassion and prosocial behavior. Our predictions are based upon the tenet that experienced compassion at workplace stands out as a salient workplace event which triggerspositive affective states in individuals which ultimately translate into positive workplace outcomes e.g. prosocial behavior(Eldor & Shoshani, 2016; Lilius et al., 2008; Rhee, Hur, & Kim, 2017; Simpson, Clegg, & Pina e Cunha, 2013).We therefore, propose the direct association between experienced compassion and prosocial behavior, as well as indirect association via state optimism. Conducting this research in public healthcare sector of Pakistan is also a unique contribution of this study since existing studies on prosocial behavior are generally conducted in western countries. The research in this area is promising owing to the serious need of prosocial behaviors particularly in Pakistan's healthcare sector where nurses are facing a lot of problem and stressful situations (Keller et al., 2018; Khowaja, 2009; Malik et al., 2017).

II. LITERATURE REVIEW

Experienced compassion and prosocial behavior

Compassion was originally defined as 'the heart's response to sorrow' (Kornfield, 1993). It is a multidimensional process encompassing three elements: noticing the sufferings of another person, empathically feeling the pain of that person, and acting or behaving in some way to ease the suffering (Dutton et al., 2006; Miller, 2007).Specificallycompassion is shown by being sympathetic to the persons who are highly depressed and experiencing sufferings. Employees demonstrate compassion at the workplace both through communication and exhibiting compassionate behaviors. In this way compassion unites employees in times of need and brings closeness among them which ultimately develop positive attitudes and behaviors at the workplace(Chu, 2016; Eldor & Shoshani, 2016).Furthermore, researchers have elucidated that receiving compassion from colleagues at the workplace helps employees to consider their coworkers as more humane and their organizations as more supportive and caring (Lilius et al., 2008; Luengo Kanacri et al.,

2017). Finally experienced compassion is found to be particularly salient and fruitful at the workplaces where employees are engaged in caregiving jobs (such as nursing) and regularly come across emotionally exhausted situations (Kahn, 1993; Keller et al., 2018; Khaliq & Ahmad, 2018; O'Donohoe & Turley, 2006; Simpson, Farr-Wharton, & Reddy, 2019).

On the other hand, prosocial behavior represent a specific behavior which is intended to benefit others which include one's colleagues, clients, group members and the organization in general (Grant, 2007). Extensive research has highlighted the benefits of engaging in prosocial behavior for individuals and organizations(Adolphs & Tusche, 2017; Bolino & Grant, 2016; Esteve et al., 2016; Ghosh & Reio Jr, 2013; Kline et al., 2017; Layous et al., 2016).There are many explanations of why individuals engage in prosocial behavior. From the perspective of social exchange theory (Blau, 1964), individuals try to reciprocate those who benefit them in any way. Hence, we argue that nurses experiencing compassionate acts at the workplace will try to reciprocate this by exhibiting prosocial behaviors. Studies in support of this approach had established that acts of kindness and support at workplace trigger prosocial behavior among the recipients(Adolphs & Tusche, 2017; Davis, Martin-Cuellar, & Luce, 2019; Layous et al., 2016; Marshall, Ciarrochi, Parker, & Sahdra, 2019; Runyan et al., 2019; van der Voet & Steijn, 2019) Accordingly we hypothesize that:

H1: Experienced compassion is significantly positively related with prosocial behavior of nurses.

Mediating role of state optimism between experienced compassion and prosocial behavior

State optimism refers to the optimism that may change depending upon the situation or contextual factors (Kluemper et al., 2009). For instance, appreciation from one's boss who facilitates to create a situation in which goal attainment looks possible can cause a person to experience higher levels of optimism at work labeled as state optimism. This construct is substantially different from trait optimism which denotes steady individual variations in the level of experienced optimism (Millstein et al., 2019; Urzúa et al., 2017).

Several factors are attributed towardsthe development of state optimism in employees. For example, leadership support, positive interactions with colleagues and organizational culture are found to trigger state optimism (Kluemper et al., 2009; Ragsdale & Beehr, 2016).Hence we argue that experienced compassion in response to sufferings in employees' life may also trigger state optimism in them. The supportive evidence of this relationship is found in existing studies which maintain that experienced compassion at workplace triggers a variety of positive emotions in employees (Chu, 2016; Dutton et al., 2014; Lilius et al., 2008; Lilius, Kanov, Duton, Worline, & Maitlis, 2011). On the other hand, state optimism results in positive affective attitudes and behaviors in employees(Kluemper et al., 2009; Ragsdale & Beehr, 2016; Urzúa et al., 2017), which may include prosocial behavior(Layous et al., 2016). This is so because optimistic people generally have high level of aspiration, preserve in the face of difficulties, have high level of morale, consider setbacks as temporary, and tend to feel energized and motivated(Luthans, 2002b), it is expected that they will exhibit more prosocial behavior.Existing literature on antecedents of prosocial behavior had also highlighted the significance of positive emotions in influencing helping behavior, signifying that individuals who feel good, actually do good (Adolphs & Tusche, 2017; Bolino & Grant, 2016; George & Brief, 1992). Furthermore, Martin-raugh et al. (2016) demonstrated that an individual's cognitions also play a central role in influencing prosocial behavior. They posited that an individual's beliefs about the importance of behaving prosocially are the valid predictors of actual prosocial behavior. Hence the cognitive, affective and motivational properties of state optimism (Kluemper et al., 2009) have the tendency to influence prosocial behavior.

Finally,AET(Weiss & Cropanzano, 1996), maintains that positive emotions mediate the relationship between affective workplace event and affect driven behaviors. As prosocial behavior is considered as a type of affect driven behavior (Michie, 2009), hence, it is posited that the nurses experiencing state optimism owing to experienced compassion at the workplace will try to reciprocate this by being more prosocial. Therefore, considering the above discussion and following the leads of AET(Weiss & Cropanzano, 1996), current study proposes state optimism as a mediator between experienced compassion and prosocial behavior. Accordingly, we hypothesize the following:

H2: State Optimism mediates the relationship between experienced compassion at workplace and nurses' prosocial behavior.

III. THEORETICAL FRAMEWORK:

Figure 1. Theoretical framework

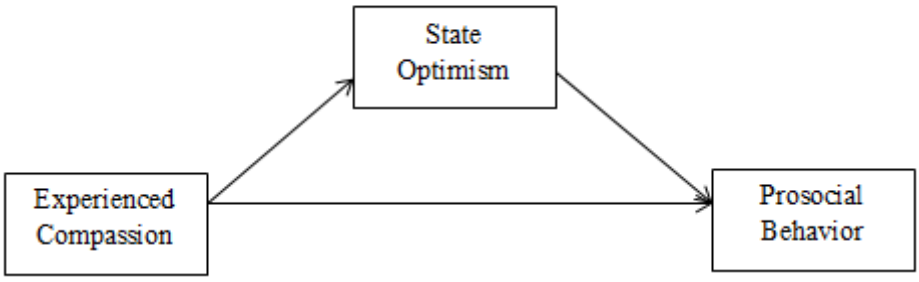
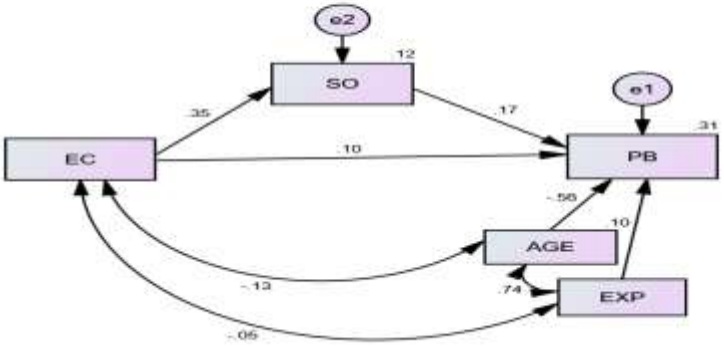


FIGURE 1: THE HYPOTHESIZED MODEL

Figure 2. Path Diagram



Methodology

Research context

The impacts of compassion at workplace have been explored primarily in the context of business organizations. But it is pertinent to mention that owing to front end dealing with the patients, compassion experienced by nurses at workplace may have more productive outcomes specifically in public service organization like hospitals (Younas & Sundas, 2018). Thus, this study is conducted in the health care sector and data is collected from nurses working in public sector hospitals of Pakistan. Health delivery system in Pakistan consists of various private and public sector hospitals. In Pakistan, public sector healthcare facilities are provided through a coordinated network of Tehsil and District headquarter hospitals, rural health centers, various dispensaries, basic health units and allied medical professionals. Despite having an extensive health care infrastructure, the delivery of health services in Pakistan is facing some key issues and challenges. These issues stem from inadequate health budget, rapid population growth, political orientations, environmental factors, lower doctor to patient and nurses to patient ratio, (World Health Organization, 2017). In addition, performing a nursing job encompasses multiple challenges especially in a developing country like Pakistan. These include lower compensation, job insecurity, workplace incivility, unethical behavior, workplace hazards and sufferings(Keller et al., 2018; Khowaja, 2009; Malik et al., 2017; Younas & Sundas, 2018). However, experienced compassion by nurses at the workplace can turn the entire situation upside down by triggering state optimism in them which can further influence their prosocial behavior and performance.

Population, sample and procedure

Population of this study comprises the nurses working in public sector hospitals of Pakistan. The reason for the selection of this population of interest is that nurses perform a crucial role in providing health care services owing to front end dealing with the patients(Park & Lee, 2018). Furthermore, prosocial behavior on the part of nurses is necessary for effective functioning of healthcare institutions (Feather, McGillis Hall, Trbovich, & Baker, 2018).We used convenient sampling technique due to three important reasons: 1) time and resource constraints, 2) wide dispersion of the public sector hospitals across Pakistan, and 3) time lag design for data collection. We consider the recommendations of Krejcie and Morgan (1970) regarding the sample size who suggested that if population of the study exceeds 75000 but not exceeds 10,00,000, a sample of 384 respondents is enough. Since 99228 registered nurses are working in public sector hospitals of Pakistan(Pakistan Bureau of Statistics, 2017), therefore, a sample of 384 was sufficient for this study.

To recruit participants, the researcher contacted the hospital administrators/medical superintendents (MS) and briefed about the purpose of the study and scope of data collection. They were also told that the data will be gathered from nurses and their peers who are voluntary available and responses will be kept confidential. After getting their consent, the head nurses were taken on board to get access to nurses working in their respective wards for the purpose of data collection.A cover letter was also attached with the questionnaire indicating that the researchers did not know any of the respondents and there is no means whatsoever to identify them. Finally they were assured that the responses will be kept anonymous and will only be reported in aggregate. We also supplied all the participants with unmarked envelops and requested them to place their filled questionnaires in those envelopes. They were also instructed to put the envelopes in a sealed box kept in their ward by the researcher.

Time lag data collection technique was adopted in this study. This technique of data collection is appropriate to circumvent the problem of common method bias that usually arises in cross sectional designs. In this study, we collected data in 3 time lags, with every time lag of minimum three weeks. At time 1, respondents were requested to create a key comprising first alphabets of their first and last name followed by the name of the month of their birth. The purpose of this key was to match the responses at different time lags besides maintaining confidentiality. The respondents were again asked to enter the same key which was created at time 1 while filling the questionnaire at time 2 through time 3. This particular technique made it easier for us to match the responses at different time lags. This technique of matching responses is also employed in existing studies (e.g., Fatima et al., 2018).

With the help of a lead contact person, 650 questionnaires were initially distributed among the nurses at time 1 for capturing data on experienced compassion. We received 541 filled responses at time 1. These 541 respondents were contacted after three week i.e. at time 2 to fill the questionnaire of state optimism.512 respondents completed and returned the questionnaires at time 2. Consequently, peers/coworkers of these 512 respondents were contacted after a gap of three weeks i.e. at time 3 to fill the questionnaires of final outcome variables of prosocial behavior. We received 466 filled questionnaires at time 3. After removing missing values and unengaged responses, 406 questionnaires were left for final data analysis with a response rate of 62%. Suchhigher rate of response is frequently observed in self-administered surveys performed in Asian contexts (Abbas, Darr, & Bouckenooghe, 2014; Raja, Johns, Ntalianis, & Johns, 2004).

Measures

Experienced compassion was measured by using Lilius et al. (2008) 3 items scale. Nurses were asked to consider the last 3 weeks and indicate how frequently they experienced compassion at the workplace. The range of response categories was 1 representing *"never"* to 5 representing *"always"*. A high score on the measure represents a high level of experienced compassion. Sample item include: (1) In the last month, how frequently you experienced compassion on the job. The αreliability of this scale in this study is 0.73. State optimism was measured by using 8 items scale developed byScheier and Carver (1985). This scale is used by Kluemper, Little, and Degroot (2009) and Ragsdale and Beehr (2016). In both of these studies the items were modified to indicate the current state of optimism with statements such as "currently, while at work, I'm optimistic about my future". Sample item include "Currently, while at work, I usually expect the best". The αreliability of this scale in this study is reported as 0.75.Prosocial behavior of nurses was measured by using the McNeely & Meglino (1994), 20 items scale. In the current study, coworkers/peers of nurses were asked to ratethe extent to which their peer nurses performed each of the 20 prosocial behaviors at workplace. We used coworkers' rating technique to avoid social desirability bias. The coworkers' rating method is widely used by extant researchers (Bourdage, Lee, & Lee, 2012; Fatima, Majeed, & Shah, 2018; Harvey, Harris, Gillis, & Martinko, 2014; Venz & Sonnentag, 2015) A 5-point likert scale was used with response categories ranging from 1*"never"* to 5 *"always"*. A high score on the measure represents a high level of prosocial behavior. Sample item include: (1) How frequently your coworker assists co-workers with personal problems. The αreliability of this scale in this study is reported as 0.82.

Control variables

We used gender, marital status, age and working experience as possible control variables. Prior research on nursing surveys also suggested controlling for the effects of demographic variables (Collin & Henderson, 1991; Malik et al., 2017). We controlled for the effects of age ($F = 48.765$, $p < .05$) and working experience ($F = 17.318$, $p < .05$) due to their significant differences in prosocial behavior across different categories.

IV. Analysis and Results

We used SEM to test the causal relationships among study variables. We performed CFA to establish the convergent and discriminant validity of the scales. After that the hypothesized model is compared against various competing models. In addition to this, descriptive statistics, correlation analysis, and path analysis are performed to assess the association and casual relationships among variables of the study. The upshots of data analysis are depicted as follows.

Convergent and discriminant analysis

The measurement model must meet the threshold levels of reliability and validity in order to proceed further for data analysis. The values of CR (Composite reliability), AVE(average variance extracted), and MSV (Maximum Shared Squared Variance)are ordinarily considered for evaluating convergent and discriminant validities (Fornell & Larcker, 1981). If AVE is greater than 0.5, it establishes convergent validity. Similarly, if the value of AVE is greater than MSV, it establishes discriminant validity. On the other hand, the value of CR should be greater than 0.70 for establishing composite reliability(Fornell & Larcker, 1981; Hair, Black, Babin, & Anderson, 2010). For our data, the values of AVE and MSV are meeting their respective threshold levels,

hence convergent and discriminant validities are established. Furthermore, the values of CR are also greater than 0.70,so composite reliability is also proved.Table 1 below depicts the values of CR, AVE, and MSV.

Table1 Convergent and discriminant validities

Constructs	C.R	AVE	MSV
Experienced Compassion	0.731	0.665	0.319
State Optimism	0.771	0.551	0.277
Prosocial Behavior	0.824	0.526	0.218

Descriptive statistics and correlations analysis

Table 2 depicts the correlations and accompanying significance levels among the variables of this study. We included only those demographic variablesin this analysis which were found to have significant values of ANOVA. Significant correlations are observed among all the study variables. Alpha reliabilities of the scalesare also reported. Results exhibited that all the measures meet the minimum threshold level of 0.70 providing evidence of their αreliabilities.

Table2 Descriptive statistics, correlations and α reliabilities (in parentheses)

Variables	Mean	S.D	1	2	3	4	5
1. Age	2.20	0.92					
2. Exp	1.89	0.86	.737**				
3. EC	3.34	0.89	-.126*	-.049	**(.73)**		
4. SO	3.39	0.74	-.132*	-.077	.353**	**(.75)**	
5. PB	3.36	0.62	-.517*	-.326**	.229**	.270**	**(.82)**

S.D = Standard Deviation, EC = Experienced Compassion, SO = State Optimism, PB = Prosocial Behavior, Exp = Working Experience, n = 406, * p < .05, ** p < .01,

Confirmatory factor analysis

CFA was performed by using AMOS 21st software package. We used multiple measures for assessing model fitness. These include: chi-square, root mean square errorof approximation (RMSEA), incremental fit index (IFI), Tucker-Lewis index(TLI) and comparative fit index (CFI). The value of chi-square is sensitive to the sample size and is supplemented with degree of freedom to give a robust measurement. Hence, model fitness is indicatedby the ratio of chi-square to degrees of freedom with a value less than 3 and ideally less than 2 (Hair et al., 2010). The value of RMSEA should be less than or closer to 0.05. However, the value of IFI, TLI and CFI should be close to 0.95 or more for a good model fit (Hair et al., 2010; Hu & Bentler, 1999; Kline, 2005). Our measurement model comprises of 3 latent variables. However while performing CFA one item from state optimism and four items from prosocial behavior were removed due to lower factor loadings. Table 3 depicts the CFA of 3 factor model and indicated a good fit as compare to alternative models. All the values are adequately meeting the standard criteria of good fitted model ($\chi 2$ = 354.030. df = 293, $\chi 2$/ df = 1.208, p <.000 RMSEA = .023, IFI = .97, TLI= .96, and CFI= .97. Consequently, our three factor model has adequate discriminant validity.

Table 3 Measurement models

Measurement Models	χ^2	df	χ^2/df	RMSEA	IFI	TLI	CFI
Initial Three Factor Model	528.171	296	1.784	.044	.89	.87	.88
Final Three Factor Model	**354.030**		**293**	**1.208**	**.023**	**.97**	**.96**
.97							
Two factor (Combined EC, SO)	522.809	295	1.772	.044	.89	.88	.89
Two factor (Combined PB, EC)	766.658	295	2.599	.063	.77	.75	.77
One factor (all items combined)	955.856	296	3.229	.074	.68	.65	.68

IFI = incremental fit index; TLI = Tucker-Lewis fit index, CFI = comparative fit index, RMSEA = root mean square error of approximation;

Tests of hypotheses

After testing model fitness and establishing convergent and discriminant validities, we tested the hypothesized structural model. The results of hypotheses testing are displayed in table 4 and 5.Our first hypothesis indicated that experienced compassion at workplace is significantly positively associated with prosocial behavior. Our analysis supported this hypothesized relationship as depicted by regression coefficient and associated level of significance ($\beta = 0.11$, $p < .05$). Hypothesis 2 maintained that state optimism mediates the relationship between experienced compassion and prosocial behavior. In order to substantiate our mediation effect, we need to fulfill three conditions. First, experienced compassion (EC) should be positively associated with prosocial behavior (PB); second, EC should be positively associated with state optimism (SO); third, when we regress PB on both EC and SO, the SO should be positively associated with PB. Our results demonstrated that EC was positively associated with PB ($\beta = 0.11$, $p < .05$), EC was positively associated with SO ($\beta = 0.35$, $p < .000$), when PB was regressed on both EC and SO, the previous regression coefficient between EC and PB reduced in size ($\beta = 0.06$, $p < .01$). This highlighted that SO only partially mediates the relationship between EC and PB (CI values lies between 0.022 and 0.107). Consequently, our second hypothesis is partially supported.

Table4 Standardized coefficients for structural paths

Structural path	Estimate	S.E	C.R	P-value	
EC → PB	.105*	.031	2.361	.018	
E.C → SO	.353***	.039	7.584	000	
S.O → PB	.169***	.037	3.848	000	

EC = Experienced Compassion, SO = State Optimism, PB = Prosocial Behavior,
S.E = Standard Error, *p < .05, **p <.01, ***p < .000, N = 406

Table5 Standardized indirect path coefficients for mediation analysis

Indirect path	Indirect Effect	S.E	BC 95% CI (LL)	BC 95% CI (UL)
E.C→SO →PB	.06**	.028	.022	.107

Note: N = 406, Bootstrap Sample size = 5000, EC = Experienced Compassion, SO = State Optimism, PB = Prosocial Behavior, BC 95% CI = Bootstrap Confidence Intervals, *p < .05, **p <.01, ***p < .000

V. DISCUSSION

We draw on affective event theory for developing and analyzing a model which elucidates how experienced compassion at workplace is related to prosocial behavior. We tested the direct association between experienced compassion and prosocial behavior as well as the indirect association between these variables via state optimism. Specifically, we argued that experienced compassion at workplace stands out as a salient workplace event which triggers prosocial behavior in the recipients of compassion (Runyan et al., 2019; Zeelenberg, 2019). We further argued that the acts of compassion at workplace increases the suffers' positive emotional states, such as, state optimism(Kluemper et al., 2009), which in turn trigger prosocial behavior in them (Zeelenberg, 2019).

We found full support for the direct association between experienced compassion and prosocial behavior. However, we found partial support for the indirect effect via state optimism. There are several explanations for our findings. First, partial mediation does, indeed,suggest the likelihood of other variables between experienced compassion and prosocial behavior relationship. Second,our findings are aligned with the theoretical underpinning of AET (Weiss & Cropanzano, 1996) which maintains that acts of compassion at workplace trigger positive emotions in employees which results in corresponding affect driven behaviors e.g. prosocial behavior (Adolphs & Tusche, 2017; Erreygers, Vandebosch, Vranjes, Baillien, & De Witte, 2019; Lilius et al., 2008).However, our study adds to this literature by highlighting that those experiencing compassion at work may also feel distinct positive emotions such as state optimism, and thus responds to the calls for investigating the antecedents and consequences of distinct emotions at workplace (Ashkanasy & Dorris, 2017; Worline & Dutton, 2017). Third, somerecent studies (Esteve et al., 2016; Grant, 2007; van der Voet & Steijn, 2019) have highlighted the importance of prosocial motivation in predicting prosocial behaviors among public service professionals. Since compassionis found predicting prosocial motivation (Chierchia & Singer, 2017; Falconer et al., 2019), hence it is logical to infer that prosocial motivation might act another potential mediator between experienced compassion and prosocial behavior.

Theoretical and practical implications

Our study contributes to the prosocial behavior literature in several ways. First, the direct association of compassion and prosocial behavior is rarely studied in the exiting literature(Lim & Desteno, 2016; Runyan et al., 2019). Moreover, the dominant focus of these studies has been the western culture; while testing this relationship in Pakistani healthcare sector is a unique contextual contribution of this study. In addition, the indirect association of compassion and prosocial behavior through state optimism is not yet investigated. Virtually, we found rare empirical investigations in this regard. Albeit,our theoretical reasoning is in line with earlier studies which maintain that experienced compassion at workplace triggers positive emotions in employees which ultimately translate into positive attitudes and behaviors (Dutton et al., 2014; Lilius et al., 2008; Worline & Dutton, 2017), identification of distinct positive emotional state i.e., state optimism as a mediator is a novel theoretical contribution of our study.

Our finding also has important implications for practice. Since nurses in public sector hospitals of Pakistan are facing a lot of problems and stressful situations (Keller et al., 2018; Khowaja, 2009; Malik et al., 2017), acts of compassion at workplace may stands out as a salient workplace event to mitigate the negative effects of their sufferings and influence positive attitudes and behaviors (Zeelenberg, 2019). Hence hospital administrators should foster such environments and cultivate such relationships among employees which enable them to become more compassionate.Furthermore, our study provides a deeper understanding of organizational conditions which facilitates to create positive states in employees such as state optimism which will ensue beneficial outcomes for the self, for the peers, and the work organizations. Thus managerial interventions should also focus on fostering positive states in employees by encouraging and promoting positive social interactions at workplace.

Strengths, limitations and future directions

The strength of our study lies in the methodological design which increases confidence in our findings. Firstly, we collected data in three time lags with every time lag of minimum 3 weeks. Secondly, we collected responses from different sources: data on experienced compassion and state optimism were collected from nurses, and the data on prosocial behavior were gathered from their colleagues. This particular technique reduces the potential effects of single source and common method bias. However, there are certain

limitations which must be considered. First, we used convenience sampling to approach respondents. Results may have been more robust if some sophisticated sampling technique was utilized.Second, we explored the association of experienced compassion and prosocial behavior with the mediation of state optimism. There may be some other mediating variables as well. For instance, future researchers may explore the role of other distinct positive emotions such as hopefulness, and gratitude (Erreygers et al., 2019; Zeelenberg, 2019) as well as individual's prosocial motivation (van der Voet & Steijn, 2019). Finally, we conducted this study in Pakistani cultural context; future researchers may replicate this study in a different cultural context to increase its external validity and generalizability.

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