

Towards an epidemiology of compassion

David G. Addiss · Amy Richards

1. Introduction

The science of epidemiology is concerned with how phenomena are clustered by time, place, and person (where ‘person’ is broadly understood as a body, being, or object). In the natural world, such clustering is observed at all levels, ranging from subatomic particles to microbes to galaxies. A fundamental purpose of epidemiology is to understand how and why phenomena cluster, so that, equipped with such an understanding, effective action might be taken to promote health and wellbeing, or avoid undesirable outcomes.

Traditionally, epidemiology has focused on the clustering of undesirable outcomes, such as disease, injury, or infection, with the aim of identifying associated ‘risk factors’ and developing and testing the effectiveness of public health interventions. Vanderweele and colleagues recently argued that the tools of epidemiology should be applied to promote human flourishing.¹ This shift in emphasis mirrors developments in positive psychology, which focuses on psychological wellbeing and flourishing rather than pathological states and traits.²

A growing body of evidence indicates that compassion—the awareness of suffering coupled with the desire to relieve that suffering³—is essential for human flourishing and wellbeing.⁴ Scientific research on compassion has increased substantially in recent years, particularly in the fields of psychology and neuroscience. Findings from this research have informed the development of training programs, designed to cultivate the capacity of individuals to respond to suffering with compassion.⁵ Studies also have highlighted the crucial role of compassion in health care.^{6,7} Relatively little research has focused on compassion at the organizational, systemic, or population levels.

The fundamental hypothesis of this special issue of the *International Journal of Wellbeing* (IJW) is that the perspective and tools of epidemiology can contribute to understanding and promoting compassion, particularly at the population level. This hypothesis follows from the observation that human experience of compassion is clustered: we do not experience compassion at all times, in all places, and from all people. Therefore, an epidemiology of compassion exists, even if we do not know precisely what it is.

Critics of this hypothesis fall into two broad camps. Epidemiologic investigations of infectious disease outbreaks typically require the counting of ‘cases’ of illness (e.g., the number of people with diarrhea following consumption of food at a picnic), which, in turn, requires a standard ‘case definition’ (e.g., three or more loose or watery stools in a 24-hour period). Some scientists have argued that compassion is too ‘soft,’ subjective, or difficult to measure. Lacking an agreed-upon ‘case definition,’ how, they ask, is it possible, with any validity, to count ‘cases’ of compassion?

On the other hand, some teachers from the spiritual traditions and scholars from the fields of philosophy and ethics argue that insistence on an epidemiologic case definition is inappropriate. They claim that it is potentially harmful to subject compassion to ‘cold’ quantitative

measurement. Such an attempt, they fear, will only produce an unreliable, hollow representation of something that is precious, sacred, and relational.

The dual critiques should be taken seriously, and they point to a central challenge that must be navigated. Epidemiology is, after all, a quantitative science; its utility depends on accurate measurement. And the multifaceted, contextual, and relational nature of compassion makes it difficult to measure. However, given epidemiology's role as the science that guides global health and the urgent need for compassion in a world that is increasingly polarized and unmoved by human suffering, we believe that the hypothesis is worth exploring. We draw encouragement from the science of subjective wellbeing (happiness), which overcame similar critiques through sustained attention to research and validation of measures.⁸

2. Addressing the measurement challenge

Compassion is sometimes viewed as having three fundamental components: awareness of suffering (cognitive appraisal); emotional resonance (empathy); and action—or at least the desire—to alleviate or prevent suffering.⁷ Other models of compassion posit four or more such components.^{9,10} The experience of compassion can be highly nuanced and contextual, as shown by Sinclair and colleagues in healthcare settings.¹¹ As Joan Halifax has noted, compassion is dynamic, relational, and embodied: it emerges enactively when multiple 'non-compassion elements' (cognitive, somatic, attentional, and affective) are present.¹² Given this complexity, a variety of compassion measures have been developed.¹³ Indeed, Vieten and colleagues recently identified 503 measures of compassion or empathy.¹⁴ It can be argued that none of them entirely capture the human experience of compassion.

Given the fundamental measurement challenge for an epidemiology of compassion, how can it be addressed? There are at least four potential approaches. First, it is possible to measure relevant *elements* of compassion, such as action taken to alleviate suffering, which is more readily observed than the motivation or desire to alleviate suffering. For example, in the classic 'Good Samaritan' study, Darley and Batson observed whether seminary students stopped to assist a research 'confederate' lying in an alley in need of help—which was interpreted as an act of compassion.¹⁵ However, a focus on one element of compassion (here, action) ignores other elements, such as cognitive appraisal and intention. In this special issue, Ozawa-de Silva and Mascaro argue that for populations, it is not only appropriate, but crucial, to measure compassionate *behaviors* and the systemic *mechanisms* that promote them.¹⁶ A focus on the action component of compassion aligns with the notion of 'consequential compassion' articulated by the late Bill Foege, founder of The Task Force for Global Health.

Second, continued *refinement of existing measures*, from the multiple perspectives of the giver, receiver, and observer of compassion, may yield improved tools that more closely reflect the relational essence of compassion.¹³ For example, Sinclair and colleagues have advanced a more coherent understanding of compassion and its dynamics in healthcare settings by developing measures from the perspectives of both patients and healthcare providers.^{17,18} Advances in relational neuroscience, experience sampling to examine daily fluctuations in compassion,¹⁹ and other methods will undoubtedly contribute to further refinement of existing measures.

A third, more tangential approach is to conduct epidemiologic research on *closely-related concepts* for which validated measures and existing datasets are available, and draw inferences for the epidemiology of compassion. Several contributions to this IJW special issue illustrate the potential of such an approach. For example, Fehr and Sprecher summarize what has been learned from a suite of studies on compassionate love,²⁰ while Nakamura et al., analyzing data on compassion-related questions in the Global Flourishing Study,²¹ provide a foundation for a

descriptive epidemiology of compassion at the global level.²² Lomas and Vanderweele reflect on implications of ‘microkindness’ for an epidemiology of compassion,²³ and Sakeah and colleagues, from the perspective of mental health epidemiology, explore parallels between compassion and resilience.²⁴ In addition to the specific insights they provide, such studies can contribute towards improving the discriminant validity of compassion measures and support an enriched perspective on the epidemiology of compassion.

A fourth approach is to sidestep the problem of case definition at the individual level and to infer the presence or absence of compassion based on *population-level outcomes, policies, or access to services*. In epidemiologic terms, with such an approach, compassion would be inferred as a predictor or analyzed as an effect modifier, rather than an outcome. In this special issue, Ozawa-de Silva and Mascaro argue that “tracking societal care for our most vulnerable populations—children, the elderly, the poor, prisoners, and the stigmatized—can be a starting point for studying structural compassion.”¹⁶ Applying the tools of spatial epidemiology to compassion, Waller proposes mapping both the distribution of suffering (e.g., hunger) and access to services that can alleviate that suffering (e.g., foodbanks).²⁵ Waller’s practical approach regards compassion as a coordinated effort to alleviate suffering when and where it exists.

It is likely that all four of the above approaches to measurement—and more—will be needed to construct a robust epidemiology of compassion.

3. Epidemiology of compassion: Contours and elements

This special issue of IJW builds upon two exploratory meetings on the epidemiology of compassion, supported by the Fetzer Institute and convened at The Task Force for Global Health in 2020 and 2024.^{26,27} Momentum from the 2020 event spurred a scoping review of the literature, with support from the Templeton World Charity Foundation.²⁸ These initial efforts underscored that the epidemiology of compassion is in its infancy; further development is needed on theoretical and conceptual frameworks, case definitions, measurement, and methods.

Participants in the 2024 meeting also emphasized the need for a transdisciplinary approach that honors the relational and contextual aspects of compassion. *How* the epidemiology of compassion is pursued may be as important as the epidemiologic methods. Specifically, they argued—and papers in this special issue highlight—that the approach to an epidemiology of compassion should, itself, be compassionate: researchers should be dedicated to doing the ‘inner work’ of compassion to illuminate and address personal and group biases;²⁹ qualitative as well as quantitative methods should be used;^{16,24,29-32} there should be an ethical commitment to ‘do no harm’; and the field must remain in dialogue with the humanities and spiritual traditions.^{16,22,31,33-35} Adiabou and Bemo, in particular, call for a ‘compassionate epidemiology’ grounded in the principles of social justice.²⁹

To consolidate the insights that emerged from the two meetings, and to further develop an epidemiology of compassion, participants proposed a special issue in a scientific journal. IJW was selected as the home for these papers because of its emphasis on interdisciplinary approaches to wellbeing, inclusive of philosophic, quantitative, and epidemiologic approaches to understanding human flourishing. A call for papers by IJW resulted in 20 manuscripts that were accepted after peer review, representing work from 12 countries. These papers advance thought in several fundamental areas.

3.1 Conceptual foundations

A cohesive conceptual framework for the epidemiology of compassion does not yet exist. Several papers in this special issue make significant contributions towards such a framework, drawing

on the fields of contemplative science,^{16,35} neuroscience,³⁵ childhood development and education,³⁶ and psychology.^{33,37} Additional insights, crucial for developing practicable conceptual frameworks, come from the fields of phenomenology and anthropology,³⁰ as well as from spiritual traditions that nurture and support compassionate action, including Buddhism in Sri Lanka³¹ and *Sewa Bhaav* (spirit of service) in India.³⁴ As a relative late-comer to the science of compassion, epidemiology can build upon the rich foundation provided by the fields of psychology, neuroscience, and contemplative science. However, insights from these fields, which focus largely on compassion at the individual level, need to be interpreted and translated for populations. A crucial challenge, considered by several authors in this special issue, is to understand the ‘flow’ of compassion—how it spreads or is transmitted among individuals and groups.^{23,30,31,33,37-39}

3.2 The nature of compassion

The diversity of thought about the nature of compassion has important implications for epidemiology. From a range of interdisciplinary perspectives, contributors explored compassion as an emotion,^{30,31,36} a moral duty,^{30,34,38} an intention or motivation,^{30,33,34,36} and a force or energy that can be shared or transmitted.^{23,30,31,33,37-39} Shared symbols and meaning are also important for compassion within organizations.^{30-32,34} Contributions from Skwara,³⁵ Ozawa-de Silva and Mascaro,¹⁶ Wijesekara et al.,³¹ and Kumar et al.³⁴ underscore the interconnection between the inner life of spirit and compassionate action in the world.

3.3 Epidemiologic methods

Several articles address the utility of specific epidemiologic and statistical tools, including those of chronic disease epidemiology,³⁹ geospatial analysis,²⁵ and biostatistics.⁴⁰ In a robust application of epidemiologic methods, Jha and colleagues combine careful development of appropriate measures with detailed analysis to evaluate compassion training and health systems transformation in district hospitals in Bihar, India.³⁸ Additional work is needed to evaluate the potential of methods from other epidemiologic disciplines, including environmental epidemiology, social epidemiology, and infectious disease modeling.

3.4 Qualitative methods

Multiple contributors noted the importance of qualitative research for an epidemiology of compassion,^{16,24,29-32,34,36,38} and four groups of investigators report findings from their original qualitative research. Aellah and Davey use ethnographic methods to explore compassion in global health policy and as a source of motivation for global health workers.³⁰ In India, Kumar et al. take a qualitative sense-making approach to conceptualize and validate *Sewa Bhaav*, the spirit of service that animates compassionate action.³⁴ Wijesekara et al. report on how compassion is understood and enacted within emergency health services in Sri Lanka,³¹ and Wodnik and colleagues explore the organizational dynamics of compassion in primary health care in Kenya and Uganda.³²

3.5 Organizations, systems, and populations

In addition to drawing on the science of compassion at the individual level, an epidemiology of compassion should incorporate insights from disciplines that focus on groups and populations. Health systems provide important organization-level laboratories for understanding and promoting compassion. In this special issue, Wapaño reviews mechanisms through which

organizational learning can promote compassionate care in healthcare organizations,⁴¹ and Wodnik et al. apply an organizational science lens to their qualitative research on compassion in two primary healthcare settings.³² Neilson and Syed draw upon public health principles to propose a conceptual approach to public health and compassion.⁴² Aallah and Davey explore how compassion can influence global health policy,³⁰ and Wijesekara et al. describe the role of compassion in health emergency management services in Sri Lanka.³¹

4. Time, person, place

The special issue also contributes to the epidemiology of compassion by advancing understanding of how compassion clusters by time, person, and place.

4.1 Time

Several papers address the need to understand momentary fluctuations in capacity for compassion throughout the day.^{20,23,33,37} Longer-term dynamics of compassion, which have been overlooked in the literature, are also addressed. Frazier and Buote consider how compassion develops throughout childhood,³⁶ Fehr and Sprecher review the experience of compassionate love across different life stages,²⁰ and Aallah and Davey explore the power of a first-hand compassion encounter to persist as a 'moral touchstone' and alter the trajectory of an entire career.³⁰ Boyd et al. review how methods used in chronic disease epidemiology can be applied to analyzing the dynamics of compassion over time.³⁹

4.2 Person

In addition to discussing demographic and other individual-level risk factors for compassion,^{20,30,33,34,37,39} articles in this collection also identify and explore factors at the organizational and societal levels that enable or facilitate compassion.^{16,22,35,37,41} In epidemiologic terms, an organization, culture, or other collective entity can be treated analytically as a 'person.' Several papers highlight the importance of leadership in establishing and sustaining compassionate norms within organizations.^{31-33,35,37,38}

4.3 Place

The role of place has been generally neglected in compassion research. In this special issue, Waller discusses the importance of geography and spatial distance in understanding compassionate responses to suffering at the population level.²⁵ Nakamura et al., analyzing data from the Global Flourishing Study, reveal marked heterogeneity in responses to compassion-related questions at the national level.²² Condon describes how attachment priming, through which an individual recollects and meditates on places that evoke experiences of wellbeing and safety, can elicit compassionate states and facilitate prosocial action.³³

5. Towards an epidemiology of compassion

Given the many factors at multiple levels that influence the giving and receiving of compassion,^{28,41} it is not surprising that conceptual frameworks proposed by several contributing authors highlight the need for an epidemiology of compassion to account for such complexity. Ozawa-de Silva and Mascaró, as well as Skwara, offer multi-level conceptual models, with individuals and dyads at the center.^{16,35} Both Kirby et al. and Wijesekara et al. propose frameworks that illustrate how compassion flows through different levels of health systems, including patients, staff, and management.^{31,37} Contributions by Boyd et al., Hightower and

Addiss, and Waller provide reassurance that currently available epidemiologic, statistical, and geospatial methods are capable of analytically addressing multiple levels of influence and multiple time points.^{25,39,40}

Taken together, the articles in this special issue of IJW indicate that the essential ingredients for an epidemiology of compassion are already in place. Existing scholarship from multiple disciplines provides a solid menu of initial conceptual frameworks, from which a general synthesis can emerge. Robust analytic methods are available. A growing body of qualitative research can serve to ground concept development in lived experience and guide epidemiologic analysis and interpretation. As a point of departure, we offer the following definition for the epidemiology of compassion: a discipline focused on identifying, measuring, and understanding the distribution, transmission, determinants, mechanisms, and consequences of compassion in individuals, communities, and populations.

To move the field forward, additional reflection and dialogue are needed on the fundamental measurement challenge. Qualitative research should be conducted in a broader range of contexts, particularly among indigenous cultures where communities or spirit, rather than individuals, are regarded as the source of compassion or wellbeing.^{43,44} Quantitative analysis of existing data, as illustrated by the work of Nakamura et al.,²² can advance understanding and raise important hypotheses for further testing. Cross-pollination with aligned efforts in related fields can contribute to a broader 'positive epidemiology.' Perhaps what is needed most is the continued exchange of ideas and a forum for refinement of thought and coordination of effort.

Our fragile, fractured world needs compassionate individuals who are supported and nurtured by compassionate systems. A commitment to developing a mature epidemiology of compassion could be instrumental in bringing this about. Our hope for this special issue is that it will capture the imagination of a new generation of scholars, scientists, and practitioners and encourage them to further develop the powerful tools of epidemiology in service of realizing a more compassionate world. The title of the collection, *Towards an Epidemiology of Compassion*, reflects both the fledgling nature and the hopeful spirit of this nascent field. To the extent that the special issue stimulates further thought, provokes debate, and leads to refinement of essential questions, it will have served its purpose.

We are deeply grateful to the authors who contributed to this special issue, the many reviewers (see Editorial>List of reviewers) for their thoughtful comments and suggestions, and the IJW editors, Dan Weijers and Aaron Jarden, who provided expert support and guidance each step of the way. We thank the Fetzer Institute and Templeton World Charity Foundation for their crucial support. We are indebted to participants in the 2020 and 2024 meetings, where these ideas were first explored, and we are grateful to the staff and leadership of The Task Force for Global Health, which provided a generative home for this work.

Authors

David G. Addiss
The Task Force for Global Health, Decatur, Georgia, USA
<https://orcid.org/0000-0002-5949-7475>

Amy Richards
The Task Force for Global Health, Decatur, Georgia, USA
<https://orcid.org/0009-0006-0707-3984>

Author contribution statement

Both authors made substantial contributions to conceptualizing the content and writing the manuscript.

Funding

This work was financially supported by the Fetzer Institute.

Conflict of interest statement

The authors report no conflicts of interest.

AI statement

AI was not used to produce this manuscript.

Publishing Timeline

Received 30 January 2026

Revised version received 17 February 2026

Accepted 18 February 2026

Published 4 March 2026

References

1. VanderWeele TJ, Chen Y, Long K, Kimb ES, Trudel-Fitzgerald C, Kubzansky LD. Positive epidemiology? *Epidemiology* 2020; **31**(2): 189–193. <https://doi.org/10.1097/EDE.0000000000001147>
2. Snyder CR, Lopez SJ, Edwards LM, Marques SC, eds. *The Oxford Handbook of Positive Psychology*. New York, NY: Oxford University Press, 2021.
3. Harrel E, Berland L, Jacobson J, Addiss DG. Compassionate Leadership: Essential for the Future of Tropical Medicine and Global Health. *Am J Trop Med Hyg* 2021; **105**(6): 1450–1452. <https://doi.org/10.4269/ajtmh.21-0832>.
4. Kirby JN. Compassion as a transdiagnostic factor to reduce mental health symptoms and promote wellbeing. *Nature Reviews Psychology* 2020; **4**(1): 5–20. <https://doi.org/10.1038/s44159-025-00422-4>
5. Patel S, Pelletier-Bui A, Smith S, et al. Curricula for empathy and compassion training in medical education: A systematic review. *PLoS ONE* 2019; **14**(8): e0221412. <https://doi.org/10.1371/journal.pone.0221412>
6. Trzeciak S, Mazzarelli A. *Compassionomics*. Pensacola, FL: Studer Group Publishing, 2019.
7. World Health Organization. *Compassion and primary health care*. Geneva: World Health Organization, 2024.
8. Layard, R. *Happiness: Lessons from a new science*. New York, NY: Penguin Books/Penguin Group, 2005.
9. Worline M, Dutton JE. *Awakening compassion at work: The quiet power that elevates people and organizations*. Oakland, CA: Berrett-Koehler Publishers, 2017.
10. Strauss C, Lever-Taylor BL, Gu J, et al. What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review* 2016; **47**: 15–27. <https://doi.org/10.1016/j.cpr.2016.05.004>
11. Sinclair S, McClement S, Raffin-Bouchal S, et al. Compassion in health care: An empirical model. *J Pain and Symptom Manage* 2016; **51**(2): 193–203. <http://dx.doi.org/10.1016/j.jpainsymman.2015.10.009>
12. Halifax J. A heuristic model of enactive compassion. *Curr Opin Support Palliat Care* 2012; **6**: 228–235. <https://doi.org/10.1097/SPC.0b013e3283530f8e>
13. Mascaro JS, Florian MP, Ash MJ, et al. Ways of knowing compassion: How do we come to know, understand, and measure compassion when we see it? *Front Psychol* 2020; **11**: 547241. <https://doi.org/10.3389/fpsyg.2020.547241>

14. Vieten C, Rubanovich CK, Khatib L, et al. Measures of empathy and compassion: A scoping review. *PLoS ONE* 2024; **19**(1): e0297099. <https://doi.org/10.1371/journal.pone.0297099>
15. Darley JM, Batson CD. From Jerusalem to Jericho: A study of situational and dispositional variables in helping behavior. *Journal of Personality and Social Psychology* 1973; **27**(1): 100–108.
16. Ozawa-de Silva BR, Mascaro JS. What's next for compassion science? A multi-scalar framework for measurement and public health action. *International Journal of Wellbeing* 2026; **16**(2), 5635: 1-25. <https://doi.org/10.5502/ijw.v16i2.5635>
17. Sinclair S, Hack TF, MacInnis CC, et al. Development and validation of a patient-reported measure of compassion in healthcare: The Sinclair Compassion Questionnaire (SCQ). *BMJ Open* 2021; **11**: e045988. <https://doi.org/10.1136/bmjopen-2020-045988>
18. Pavlova A, Paine S-J, Sinclair S, O'Callaghan A, Consedine NS. Working in value-discrepant environments inhibits clinicians' ability to provide compassion and reduces well-being: A cross-sectional study. *J Intern Med.* 2023; **293**: 704–723.
19. Varley D, Sherwell CS, Kirby JN. Attachment and propensity for reporting compassionate opportunities and behaviour in everyday life. *Front Psychol* 2024; **15**: 1409537. <https://doi.org/10.3389/fpsyg.2024.1409537>
20. Fehr B, Sprecher S. Compassionate love: Theory, measurement, and application. *International Journal of Wellbeing* 2026; **16**(2), 5599: 1-32. <https://doi.org/10.5502/ijw.v16i2.5599>
21. VanderWeele TJ, Johnson BR, Bialowolski PT. The Global Flourishing Study: Study profile and initial results on flourishing. *Nature Mental Health* 2025; **3**: 636–653. <https://doi.org/10.1038/s44220-025-00423-5>
22. Nakamura JS, Lee MT, Padgett RN, Johnson BR, VanderWeele TJ. Echoes of compassion in the Global Flourishing Study: Cross-national distributions and predictors of prosociality and loving care. *International Journal of Wellbeing* 2026; **16**(2), 5585: 1-30. <https://doi.org/10.5502/ijw.v16i2.5585>.
23. Lomas T, VanderWeele TJ. Contributions towards a positive epidemiology of compassion: Exploring the transmission dynamics of acts of microkindness. *International Journal of Wellbeing* 2026; **16**(2), 5521: 1–20. <https://doi.org/10.5502/ijw.v16i2.5521>
24. Sakeah JK, Krentel A, Colman I. Epidemiology of resilience and epidemiology of compassion: Common ground? *International Journal of Wellbeing*, 2026; **16**(2), 5523: 1-11. <https://doi.org/10.5502/ijw.v16i2.5523>
25. Waller L. Toward an analytic framework for the spatial epidemiology of compassion. *International Journal of Wellbeing* 2026; **16**(2), 5697, 1–24. <https://doi.org/10.5502/ijw.v16i2.5697>
26. Task Force for Global Health. Epidemiology of Compassion and Love, Decatur, Georgia, January 8–10, 2020. Meeting report. <https://www.taskforce.org/wp-content/uploads/2023/02/Epidemiology-of-Compassion-and-Love-Meeting-Report-final.pdf>. Accessed December 20, 2025.
27. Task Force for Global Health. Towards an Epidemiology of Compassion Workshop Report, Decatur, Georgia, September 3–4, 2024. https://www.taskforce.org/wp-content/uploads/2025/02/Towards-an-Epidemiology-of-Compassion-Workshop-Report_FINAL-1.pdf. Accessed December 20, 2025.
28. Addiss DG, Richards A, Adiabu S, et al. Epidemiology of compassion: A literature review. *Frontiers in Psychology* 2022; **13**: 992705. <https://www.frontiersin.org/articles/10.3389/fpsyg.2022.992705>
29. Adiabu S, Nkamgang Bemo V. Compassionate epidemiology: A catalyst for reawakening ecological and relational awareness in global health. *International Journal of Wellbeing* 2026; **16**(2), 5597: 1–12. <https://doi.org/10.5502/ijw.v16i2.5597>
30. Aallah G, Davey G. 'The voice of that boy is still trickling in my ears': Ethnography and the Epidemiology of Compassion. *International Journal of Wellbeing* 2026; **16**(2), 5517: 1–23. <https://doi.org/10.5502/ijw.v16i2.5517>
31. Wijesekara N, Wasana R, Kodituwakku L, Kamalrathne T, Wedamulla A, Samarakoon S. Compassion in health emergency management in Sri Lanka. *International Journal of Wellbeing* 2026; **16**(2), 5555, 1-29. <https://doi.org/10.5502/ijw.v16i2.5555>

32. Wodnik BK, Buessler H, Chatterjee D, et al. (2026). Organizational features associated with compassion in two primary healthcare centres in Kenya and Uganda. *International Journal of Wellbeing* 2026; **16**(2) 5577: 1–21. <https://doi.org/10.5502/ijw.v16i2.5577>
33. Condon P. Benefactors across person, time, and place: The environments that help prime wellbeing and compassion. *International Journal of Wellbeing* 2026; **16**(2), 5705: 1–18. <https://doi.org/10.5502/ijw.v16i2.5705>
34. Kumar A, Anandas CN, Mishra P, et al. Decoding Sewa Bhaav: Framework unpacking the spirit of service rooted in Indian Traditions. *International Journal of Wellbeing* 2026; **16**(2), 4807: 1–28. <https://doi.org/10.5502/ijw.v16i2.4807>
35. Skwara AC. Compassion in context: A contemplative neuroscience perspective on expanding compassion beyond the individual. *International Journal of Wellbeing* 2026; **16**(2), 5669: 1–18. <https://doi.org/10.5502/ijw.v16i2.5669>
36. Frazier T, Buote D. Cultivating compassion across Development: A multi-systemic framework for intervention and measurement. *International Journal of Wellbeing* 2026; **16**(2), 5603: 1–29. <https://doi.org/10.5502/ijw.v16i2.5603>
37. Kirby JN, Sherwell C, Hseih T. The flows of compassion to help create a more connected world. *International Journal of Wellbeing* 2026; **16**(2), 5601: 1–19. <https://doi.org/10.5502/ijw.v16i2.5601>
38. Jha A, Minocha R, Patel H, et al. Fostering compassionate public healthcare leadership towards sustainability: Evidence from Bihar, India. *International Journal of Wellbeing* 2026; **16**(2), 5605: 1–28. <https://doi.org/10.5502/ijw.v16i2.5605>
39. Boyd HA, Laksafoss AD, Hjalgrim H, Poulsen GJ. Applying the methods of chronic disease epidemiology to the study of compassion. *International Journal of Wellbeing* 2026; **16**(2), 5565: 1–21. <https://doi.org/10.5502/ijw.v16i2.5565>
40. Hightower AW, Addiss DG. Statistical methods for developing index measures of compassion. *International Journal of Wellbeing* 2026; **16**(2), 5595: 1–13. <https://doi.org/10.5502/ijw.v16i2.5595>
41. Wapaño MRR. The epidemiology of compassion in healthcare: An integrative review of organizational learning strategies. *International Journal of Wellbeing* 2026; **16**(2); 5551: 1–33. <https://doi.org/10.5502/ijw.v16i2.5551>
42. Neilson MJ, Syed SB. Public health and compassion: Exploring the interface. *International Journal of Wellbeing* 2026; **16**(2), 5633, 1–7. <https://doi.org/10.5502/ijw.v16i2.5633>
43. Chuwa LT. African indigenous ethics in global bioethics: Interpreting Ubuntu. New York, NY: Springer, 2014.
44. Te Tai Ohanga—The Treasury. He Ara Waiora. <https://www.treasury.govt.nz/information-and-services/nz-economy/higher-living-standards/he-ara-waiora>. Accessed January 30, 2026.