

Altruism in Governance:

Insights from Randomized Training for Pakistan's Junior Ministers

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Randomizing different schools of thought in training altruism finds that training junior deputy ministers in the utility of empathy render at least a 0.4 standard deviation increase in altruism. Treated ministers increased their perspective-taking: blood donations doubled, but only when blood banks requested their exact blood type. Perspective-taking in strategic dilemmas improved. Field measures such as orphanage visits and volunteering in impoverished schools also increased, as did their test scores in teamwork assessments in policy scenarios. Overall, our results underscore that the utility of empathy can be a parsimonious foundation for the formation of prosociality, even impacting the behavior of adults in the field.

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We can never survey our own sentiments and motives, we can never form any judgment concerning them; unless we remove ourselves, as it were, from our own natural station, and endeavour to view them as at a certain distance from us. But we can do this in no other way than by endeavouring to view them with the eyes of other people, or as other people are likely to view them. —[Adam Smith, The Theory of Moral Sentiments \(1759\)](#)

Prosociality—behavior that benefits others or society as a whole—is critical in contract enforcement, management of commons, public goods provision, establishing effective rule of law, efficient governance in societies and for labor market success ([Knack and Keefer, 1997](#); [La Porta et al., 1997](#); [Fehr and Gächter, 2002](#); [Ostrom et al., 2002](#); [Henrich et al., 2004](#); [Guiso et al., 2009](#); [Bloom and Van Reenen, 2011](#); [Cooper and Kagel, 2016](#); [Burks et al., 2016](#); [Robalino and Robson, 2016](#); [Deming, 2017](#); [Kosse and Tincani, 2020](#)). This raises an important question: How can prosociality be cultivated? Beyond laboratory studies showing the short-term malleability of prosocial behavior, there have been few field experiments that look at how to train prosociality effectively, especially in adults. A pioneering experiment found improvements in prosociality after an early childhood intervention ([Heckman et al., 2013](#)), while recent experiments build on this study and found improvements in prosocial behavior through mentoring elementary school children for one year ([Falk et al., 2020](#)) and from a yearlong, three-hour-per-week curriculum designed to build social cohesion in schools ([Alan et al., 2021](#)). We explore a parsimonious and scalable way to train prosociality among adults. We pre-register a randomized control trial of different schools of thought from economics and from psychology on cultivating prosociality and test whether emphasizing the utility of empathy as opposed to emphasizing the malleability of the self helps cultivate prosociality. To build prosociality, we leverage recent economic insights on the increasing importance of soft skills² – empathy in particular ([Deming, 2017](#)). Existing literature supports the connection between empathy and prosocial behavior, as well as between perspective-taking and prosocial behavior ([Eisenberg and Miller, 1987](#); [Eisenberg et al., 1991](#)). Perspective-taking or “putting oneself in another’s shoes” ([Premack and Woodruff, 1978](#)) is often called the “Theory of Mind” by psychologists and the “Degree of Strategic Reasoning” by economists. Soft skills have been formally modeled to reduce coordination costs so that teams, organizations, and society can

² Soft skills, also called non-cognitive skills, are simply the residual that is not predicted by IQ or achievement tests ([Deming, 2017](#)). Soft-skills include skills like emotional intelligence, collaboration, teamwork, and empathy.

work together more effectively, but there are two challenges: 1) measuring soft skills (such as teamwork and coordination) and 2) identifying causal effects ([Deming and Weidmann, 2021](#)). Our paper seeks to make progress on these challenges.

We conducted a randomized evaluation with junior deputy ministers at a deputy minister's training academy in Pakistan. The training facility experimented with different methods of empathy training as part of their regular curriculum at the training institute. The experiment was motivated by the results of an earlier survey which found that 70% of the junior deputy ministers stated that they joined the civil service because of the associated perks and power rather than for public service.³ To cultivate prosociality, we randomized junior ministers into four training workshops. The first training workshop emphasizes the utility of empathy, with a focus on how empathy influences overall organizational and individual performance. The lecture focused on narratives on how empathy was a skill to get ahead in ministers' careers and presented quantitative evidence from the private sector on how empathic behavior is beneficial. The second group of ministers was randomized into the malleability of empathy workshop, where the emphasis was on empathy being mutable and subject to growth. This message too, was delivered by presenting narratives, but these narratives showcased individuals growing in empathy. It also reported quantitative evidence from the private sector that empathy is malleable. In the third training workshop, we combined the key messages from both training workshops, emphasizing both the benefits and malleability of empathy. We evaluated these three training programs against a placebo training in macroeconomics, which was unrelated to empathy. The macroeconomics workshop presented basic concepts in macroeconomics, including facts about the macroeconomics of Pakistan and a generic discussion of GDP, GNP, inflation, and unemployment.

The experiment involves five stages. Stage I was a 15-minute recorded lecture, followed by a short writing exercise that covered the main lessons learned in the lecture. Two weeks later, Stage II took place. Stage II consisted of a 2-hour live Zoom session in which the junior ministers first participated in a 10-minute structured discussion about their previous assignment⁴ and then listened to a 50-minute lecture on the importance of emotional intelligence. Then Stage II ended with participants engaging in a 1-hour interactive activity session that consisted of playing 12 behavioral games. Stage III began by measuring empathy in the field two months following the interventions

³ The survey is from a pilot conducted in an earlier year.

⁴ The structured discussions were carried out in breakout rooms prior to the main lecture so only those assigned to their treatment condition, U, M, UM, or placebo would discuss the Stage I material with each other.

through the solicitation of blood donations. Stage IV involved a book assignment where the junior ministers were cross-randomized to either receive empathy or a placebo book. The ministers then wrote two 1500-word essays on the main lessons of their assigned book and its application to their future career. Finally, four and six months post-lecture respectively, Stage V commenced. In Stage V, we investigated the impact of the treatments on field visits (four months post) and regular assessments (six months post) at the training academy.

To assess the impact of the workshops on prosocial behavior, we developed a set of indicators: (i) non-incentivized lab-in-field experiments to assess prosocial behaviors such as altruism, coordination, cooperation, and, perspective taking; (ii) responses to donate blood by the junior ministers; (iii) "field trip" records of orphanage and school visits from academy administrative data; and (iv) official assessments from the training academy in areas such as teamwork, quantitative research methods, and soft skills.

We measure altruism in the laboratory (donations given to each other and to charities). First, we measure perspective-taking in strategic dilemmas: cooperation and coordination. Past studies have documented that high performance in these strategic dilemmas is associated with neural activity in the medial prefrontal cortex which is associated with successful mentalizing ([Coricelli and Nagel, 2009](#)). The values encoded in a region of the prefrontal cortex are causally related to economic choices ([Ballesta et al., 2020](#)). We also observe honesty in the die-rolling or “lying game” ([Abeler, et al., 2019](#); [Gneezy, et al., 2018](#); [Fischbacher, et al. 2013](#)). Second, volunteers from a prominent blood bank made one of two types of blood donation requests to the ministers. One type specifically asked for the minister's matching blood type, while the other was a general request for blood donations. The ministers were cross-randomized to receive one of the two requests. Our third measure of prosocial behavior attempts to capture the impact of our treatments on actual behavior that is measured after four months of the intervention. We obtained data from the Academy on their regular “syndicate field trips” that they undertook about four and six months following the treatment lectures. The junior ministers are given the option by the Academy to either visit a prominent orphanage (*Dar-ul-Aman*) or attend lectures on a specific government program from a “veteran” policy official. A second field trip measures the choice between volunteering to teach for a week in an impoverished government school or once again choosing to attend a lecture on government programs from a senior public official. Fourth, we examine the

impact of our treatment on regular assessments on teamwork, research methods and soft skills to see if the laboratory measures translate to measures in the field.

Our findings show that junior ministers assigned to the utilitarian training workshop exhibited higher levels of altruism, improved perspective-taking, and increased blood donations compared to the control group. We find that blood donations increased, especially when the deputy ministers were told that their exact blood type was in need. The utilitarian group also demonstrated a rise in orphanage visits and volunteering to teach at underprivileged schools. Furthermore, the group received higher scores in their regular evaluations of soft skills and teamwork, while their assessments on quantitative research methods assessments remained unchanged. Our results suggest that the utilitarian training had a positive impact on the junior ministers in areas beyond those measured in the lab-in-the-field setting.

Conversely, we did not observe any significant changes in the outcomes measured for the malleability of empathy workshop or the joint training, which combined the utilitarian and malleability of empathy. We interpret this null result of the malleability and joint treatment in light of the theoretical self-image models of Benabou and Tirole ([2004](#), [2006](#), [2011](#)). While the predictions of the model are theoretically ambiguous because the treatments can affect different parameters of the model, the dominant channel through which the utilitarian training appears to have an effect is the extrinsic value of acting prosocially. In this framework, empathetic behavior also informs our identity as a prosocial person. The malleability of one's prosociality means that our behavior is less informative about our identity. Formally, utilitarian training increases the private benefits of empathy while malleability training may have its dominant effect through reducing the updating of self-perceptions upon taking empathetic actions. Consistent with this, we find deputy ministers treated with the malleability of the self decreased their ratings on the importance of prosociality.

The paper contributes to several strands of literature in economics, psychology, and philosophy. First, to the best of our knowledge, we are the first to show that altruism training can impact behavior in adults. As such, our study is related to the formation of prosociality ([Kautz et al., 2014](#); [Kosse et al., 2020](#); [Lindauer et al., 2020](#)). A few randomized control trials that also find effects of training interventions ([Heckman et al., 2013](#); [Falk et al., 2020](#); [Alan et al., 2021](#); [Cappelen et al., 2020](#)). Our results suggest that a utilitarian empathy workshop could provide an economical foundation for the formation of prosociality in adults. This would be consistent with

evolutionary theories on the formation of prosociality that suggest that prosociality is plastic and mutable ([Francois et al., 2018](#)).

Second, we contribute to the literature on soft skills, which labor economists recognize as explaining large puzzles in the labor market over the last half-century ([Autor et al., 2015](#); [Deming, 2017](#)). Soft skills are also likely a key ingredient in the personnel economics of the state ([Finan et al., \(2017\)](#)). A recent literature review highlighted three important channels for improving public service in developing countries—selection, incentives, and monitoring ([Finan et al., 2017](#))—but there was no attention paid to soft skills nor how these “technologies” of production can be enhanced after the recruitment of public officials. To be clear, changing any of these factors – selection, incentives, monitoring, and even soft skills can theoretically decrease social welfare ([Ashraf et al., 2020](#)); however, we find evidence consistent with an increase in social welfare. For instance, teaching people about the private benefits of empathy in our utilitarian training group led to increases in blood donations in a context and time when “blood banks were practically empty” ([Shaukat Khanam Hospital, 2021](#)).

Third, we show that training the utilitarian value of empathy can impact field behavior. We build on recent online survey experiments estimating the impact of training ideas associated with rational appeal can impact charitable donations ([Lindauer et al., 2020](#)). We complement this important study as our work teaches the utility of empathy in the field, with deputy ministers, and traces their impact on both prosocial behavior in the field (donations of blood and time) and performance in ministers policy exams at the Academy. As such, our study complements recent theoretical developments in modeling the motivations of high-stakes decision-makers such as public servants and politicians, where self-image and prosocial behavior may be an important driver of effective service delivery ([Besley and Ghatak, 2018](#); [Barfort et al., 2019](#); [Gulzar and Khan, 2021](#); [Ashraf et al., 2020](#)). We also map competing schools of thought (utilitarian vs malleability of empathy) on cultivating prosociality into these formal models and test them empirically.

This paper is organized as follows. Section I provides background information and the set-up of the experiment. Section II describes the data and empirical strategy. Section III presents the results from the lab and the field. Section IV concludes.

I. Background, Theoretical Framework, and the Study Design

A. Background

The structure of the Pakistan Federal Service was inherited from the Indian Public Service of British Colonial India. Deputy ministers are among the highest-ranking civil servants, made up of the country's most elite group of bureaucrats. With approximately 12,000 deputy ministers as of 2022, they are selected annually through a competitive examination (Central Superior Services exam). These deputy ministers hold important positions in district administration, federal and local ministries, central government secretariats, and public enterprises. After initial training, these career bureaucrats are assigned to specific "occupational groups" within the government, where they spend the majority of their careers. This system is similar to those in India and other common law countries with colonial supplantation of institutions (see e.g. [Iyer and Mani, 2012](#)). The government considers these policymakers as “key wheels on which the entire engine of the state runs” so these are high-stakes decision-makers impacting millions of citizens ([Federal Government of Pakistan, 2019](#)). These deputy ministers are selected through competitive examinations. The first stage consists of a written examination. There is then further screening via a psychological assessment with a panel of psychiatrists who analyze their “personality traits” and ability to work under pressure.⁵ The key requirement to be eligible to qualify for the first round written examination is to complete 16 years of education or hold a bachelor's degree in any subject. The deputy ministers participate in regular training programs. One of the key trainings takes place at an elite training facility referred to colloquially as the Academy that happens immediately post induction, which is where we intervene. The training involves participating in workshops on various subjects such as public sector management, politics, history, economics, and professional etiquette.

B. Theoretical Framework

The framework of self-image models from [Benabou and Tirole, \(2006\)](#) puts the utilitarian and malleability treatments in contrast. Denote an agent's intrinsic motivation and extrinsic motivation for prosocial or empathetic behaviours by v_a and v_y . The agent chooses a prosocial activity participation

⁵ The psychological assessment is an individual two-day-long “workshop” where each candidate, upon passing the written examination, appears before a panel of psychiatrists. They are asked to respond to images, scenarios involving vulnerable citizens and questions presented to them.

level a from some choice set $A \subset R$, which thus induces a utility cost $C(a)$, while it yields an extrinsic (possibly monetary) payoff y . Additionally, the agent's participation level would also signal his/her prosocial identity to others in the society, from which the agent derives a reputational payoff $R(a, y) = \mu_a E(v_a | a, y)$ with $\mu_a > 0$ capturing to what extent the agent would like to demonstrate a prosocial self-image identity.

The agent thus faces the utility maximization problem:

$$\{(v_a + v_y y)a - C(a) + R(a, y)\}$$

The first-order condition for an agent's choice of a is:

$$\dot{C}(a) = v_a + v_y y + \mu_a \frac{\partial E(v_a | a, y)}{\partial a}$$

Here we can adopt a specification of the model that builds on the familiar normal-learning setup. Let actions vary continuously over $A = R$, with the cost function being $C(a) = ka^2$ where $k > 0$. Also assume that everyone has the same image concern $\bar{\mu}_a$. The agent's (v_a, v_y) are drawn from:

$$(v_a, v_y) \sim N(\bar{v}_a, \bar{v}_y, [\sigma_a^2, \sigma_{ay}, \sigma_{ay}, \sigma_y^2])$$

Standard results for normal random variables then yield:

$$E(v_a | a, y) = \bar{v}_a + \rho(y) \cdot \left(ka - \bar{v}_a - \bar{v}_y y - \bar{\mu}_a \frac{\partial E(v_a | a, y)}{\partial a} \right),$$

where

$$\rho(y) = \frac{\sigma_a^2 + y\sigma_{ay}}{\sigma_a^2 + 2y\sigma_{ay} + y^2\sigma_y^2}$$

Intuitively, the posterior assessment of an agent's intrinsic motivation, $E(v_a | a, y)$, is a weighted average of the prior $\bar{v}_a$ and of the marginal cost of his/her observed contribution, net of the average extrinsic and reputational incentives to contribute at that level.

Consider the benchmark case of no correlation ($\sigma_{ay} = 0$) such that $\rho(y) = \frac{1}{1 + y^2\sigma_y^2/\sigma_a^2}$.

Here we can consider $\theta \equiv \sigma_y/\sigma_a$ as the noise-to-signal ratio for the observers to determine the agent's type. There is a unique equilibrium, in which an agent with preferences (v_a, v_y) contributes at the level:

$$a = \frac{v_a + v_y y}{k} + \bar{\mu}_a \rho(y) = \frac{v_a + v_y y}{k} + \frac{\bar{\mu}_a}{1 + \theta^2 y^2}$$

The Utility of Empathy Treatment (U training), which emphasizes the extrinsic payoff to prosocial behaviours, can be considered as an amplifier for y . As long as the agent's extrinsic motivation is above a certain threshold, that is:

$$v_y > \frac{2k\bar{\mu}_a \theta^2 y}{(1+\theta^2 y^2)}$$

then the agent's prosocial activity participation level a would increase with y , since:

$$a'(y) = \frac{v_y}{k} - \frac{2\bar{\mu}_a \theta^2 y}{(1+\theta^2 y^2)} > 0$$

The Malleability of Empathy Treatment (M training), with its emphasis on how the intrinsic motivation for prosociality can be amended and that it is not fixed, however, casts doubt on the effectiveness of signaling one's image intrinsically prosocial via studying someone's public image or prosocial actions such as blood donation and orphanage visit. The M training can be thus considered as contributing to the perceived noise-to-signal ratio θ for others to assess the agent's type. The fact that identity is malleable simply through a mindset intervention like ours can increase the noise-to-signal ratio. Thereby the agent's participation in prosocial activity would actually be decreasing with higher θ as:

$$a'(\theta) = -\frac{2\bar{\mu}_a y \theta^2}{(1+y^2 \theta^2)} < 0$$

As a result, the joint treatment may have qualitatively different effects from the utilitarian treatment and also different effects than would be suggested by a reduced form analysis of the two treatments considered separately.

C. Study Design

Sample and Randomization.—The study took place with all 213 public officers who qualified for service in a single year of examination⁶. To the best of our knowledge, none of the participants had taken part in any prior randomized evaluation to the best of our knowledge. Our pre-registration was brief following recent suggestions in ([Banerjee et al., 2020](#)) for moderation in pre-analysis plans, so we registered the study design and the broad classes of outcomes: social preferences, bureaucratic performance, and thought leadership. In this paper, we focus on the first two classes of outcomes. The 213 deputy ministers were randomly assigned to one of the four treatment arms using a random number generator: (i) utilitarian treatment (53 participants); (ii) malleability treatment (54 participants); (iii) joint utilitarian and malleability treatment (53 participants) and (iv) placebo (53 participants).⁷

The Rollout.—The four treatments were delivered via a non-shareable and non-downloadable link containing four different training lectures.⁸ The content for the training could only be accessed by entering the unique email address of the participant (provided by the Academy). Apart from the Academy explicitly barring sharing of material and designating the training as an “individual assignment”, we made sure that the training link was non-downloadable and could only be opened by the randomly assigned participant according to their treatment status.⁹ The junior ministers were randomized into four training workshops. The first training workshop emphasized the value of empathy, that being empathetic is in the best interest of deputy ministers (n=53). The second training workshop focused on the concept of empathy's malleability, emphasizing that growth in empathy is possible (n = 54). The third training workshop combined messages from first and second training, emphasizing benefits and malleability of empathy (n=53). The fourth training workshop was a control or placebo workshop, enabling us to assess the impact of the training content independently of participating in any workshop on prosocial behavior (n = 53).

Experimental Details.—Each training workshop included a roughly 15-minute lecture and a structured discussion. After watching a 15-minute video lecture, participants completed a short writing assignment on the main lessons learned in the lecture and two weeks later participated in a structured

⁶ To protect their identity, and due to the politically sensitive nature of this experiment, we do not reveal the exact year of examination of the cohort.

⁷ Individual level randomization was performed using a random number generator in Stata.

⁸ The script of the email sent out to all officers is presented in Table B2 in the Online Appendix B.

⁹ We used the services of an expert computer scientist who blocked sharing and downloading of the training lecture. The COVID-19 pandemic also meant that the 213 officers were in their homes, dispersed all over Pakistan and were not in the usual training facility in Lahore which made it even more difficult for them to discuss the material provided to them and form new social connections.

discussion via a live Zoom session. The two-week interval between the lecture and discussion was motivated by the literature on social-emotional learning pedagogy, which suggests that spacing out doses over time can enhance learning ([Walton and Cohen, 2011](#)). Specifically, the structured discussion involved a recapitulation of the main lessons of the lecture video and with the following questions were asked from the junior ministers: "Q1. What do you think were the main messages of the lecture? Q2. How do you think you may apply lessons from the lecture to your job? Give at least 3 examples. The exact questions discussed to start the structured discussion can be found in Table B6 in Appendix B. Table B1 in Appendix B presents a flow chart of the timing and broader set-up of the experiment.

Utilitarian Treatment.— Our first treatment involved the participants watching a training lecture emphasizing the utility of empathy and how it can benefit them in their personal and professional life. The training reinforced this message by relying on two approaches: narratives and research studies, that is, both qualitative and quantitative evidence. The training lecture begins by a motivating example or a “puzzle”: why profit maximizing firms like Google invest millions in training their employees in showing empathy, e.g., at the *Google Empathy Lab*, especially when it is costly for them. We then argue that this is a profit maximizing response on the part of Google. We build on this example and emphasize several (truthful) real-life stories of former deputy ministers who were known to be prosocial and empathic (as well as famous) for their stellar public service record. The training goes on to discuss the main findings of several studies that back up these narrative accounts. For instance, we discuss studies that show that demonstrating empathy benefits firms by making employees better able to deal with complex social relationships and hierarchies. The training also discusses studies showing how elite agents such as CEOs and senior managers are better able to motivate their employees, reduce shirking, and increase overall productivity and profits by displaying more empathy, especially towards their subordinates. The utilitarian training treatment concludes by reiterating the main message of this treatment: “*Qualitative and quantitative evidence backs the idea that showing empathy is good for you. It is not just the right thing to do but also the most sensible thing to do for your performance.*”¹⁰ The complete script of the training is presented in Table B3 of Appendix B.

Malleability Treatment.— Our second treatment arm was provided with training emphasizing the malleability of empathy. That is, how empathy changes over time within a person and across populations. This treatment was inspired by prior work in psychology that documents that the degree of empathy a person has is not a fixed personality trait but is rather malleable. This literature finds that reminding

¹⁰ The complete script of the training is presented in Table B3 of Appendix B.

subjects that empathy is not fixed can increase short-term empathic behavior (see [Weisz and Zaki, 2017](#) for a review of this literature). The malleability training reinforced the malleability of empathy message by relying on two earlier approaches: qualitative and quantitative evidence. That is, this training relied on narratives of personal transformation – stories emphasizing the malleability of empathy – and quantitative research in psychology that argues that empathy is malleable and that people can become more prosocial over time. This focus on personal growth was reinforced via narratives and quantitative evidence. The malleability training also concludes by reinforcing the main message of this treatment: “*Qualitative and quantitative evidence backs the idea that empathy is not fixed but is malleable. It is a skill that can be developed.*”¹¹ In an effort to facilitate a clearer comparison of the treatment scripts, we have appended a color-coded transcript to this article. Specifically, passages that appear in both the Utilitarian (U) and Malleability (M) treatment scripts are marked in brown, text common to the Malleability and combined treatments is highlighted in green, and sections shared by the Utilitarian and combined treatments are denoted in blue. This color-coding system enables us to effectively differentiate and identify the content that is either shared or unique across the three distinct treatments, thereby providing a clear visual representation of their textual intersections and divergences.

Joint Utilitarian and Malleability Treatment.— Our third treatment arm received both utilitarian and malleability treatments together. This group was allocated the training that emphasized *both* the utility and malleability of empathy. Like our stand-alone treatments, this group received narrative accounts and quantitative evidence arguing that empathy is both beneficial for them and malleable. This training concludes by reinforcing the main message of this treatment: “*Qualitative and quantitative evidence backs the idea that empathy is good for you. It is not just the right thing to do but also the most sensible thing to do for your performance. Qualitative and quantitative evidence also backs the idea that empathy is not fixed but malleable. It is a skill that can be developed.*” The complete script for the joint utilitarian and malleability treatment is presented in Table B5 of Appendix B. At the bottom of the Table B5, we can find hyperlinks to the actual video and audio recordings of the treatments, accompanied by their respective durations. The Utilitarian treatment spans approximately 18 minutes, the Malleability treatment lasts around 13 minutes, and the duration of the combined treatment is also roughly 18 minutes.¹² The similar lengths of the combined and Utilitarian treatments suggest that differences in attention solely attributable to time are an unlikely factor in explaining our results.

¹¹ The complete script for the training lecture treatment is presented in Table B4 of Appendix B.

¹² The lecture was initially anticipated to last for 30 minutes; which was stated in the start of the lecture. it was actually concluded in 18 minutes.

Placebo.— Finally, our control group received a placebo training unrelated to the utility or malleability of empathy. They received a macroeconomics lecture taught in the economics undergraduate program at the Lahore School of Economics. The training lecture that this placebo group underwent covered basic macroeconomic facts and concepts that include definitions and discussion of Gross Domestic Product, Gross National Product, Purchasing Power Parity and macroeconomic identities. All lectures, including the placebo, were delivered by the same person and every lecture ended with participants writing an essay summarizing key points of the lecture.

Balance.—Table 1, reports individual level summary statistics by treatment group. Differences across treatment groups are small in magnitude, and almost all p-values estimates are larger than 0.10, suggesting that the randomization was effective at creating balance between the groups. For instance age, gender, birth in political capitals, asset ownership, and foreign visits are balanced across randomly assigned groups.¹³ Most salient to note are pre-treatment outcomes, in particular those related to altruism. From the top rows of Table 1, we observe that baseline blood donations and scores on pre-treatment psychological assessments used to screen antisocial candidates are also balanced. The groups are also balanced in pre-treatment measures of cognitive ability such as mathematics and written examination scores, as well as non-cognitive ability interview assessments. The similarity of *baseline blood donations*, and across pre-treatment written, mathematics, interview, and psychological assessments strongly suggest that the different treatment groups are balanced in both individual characteristics and pre-treatment altruism.

COVID-19 and Consequences for Our Design.— At the Academy, training takes place in September and officers typically reside at the Academy for the entire period of the training. However, the cohort we studied was instructed to remain in their home cities due to the COVID-19 pandemic. The training, therefore, took place online. The combination of the Academy’s express instructions that the participants may not share or discuss our soft-skills workshop material with their peers, the geographical dispersion of the officers due to the pandemic at the time of the training, and the non-shareability of the link likely reduced treatment contamination. Although it should be noted it would only mean that our estimates are underestimated.

¹³ Following [Duflo et al., 2015](#), Table 1 reports standard deviations in brackets and p-values corresponding to respective F-statistics in italics.

Book Roll out.— Three months after the initial intervention, we cross-randomized deputy ministers to either get an empathy book or a placebo book.¹⁴ The empathy book is [Mindsight: Transform Your Brain with the New Science of Empathy by Daniel J. Siegel](#), a popular cognitive psychology book that suggests ways to cultivate empathy. This cross-randomization was to reinforce the impact of empathy workshops. We reinforced the book training with 30-minute video lectures by the authors of the books they received. The ministers then write two 1500-word essays on the main lessons of the book. One essay summarized every chapter of their assigned book, and the second involved how the materials would apply to their career. The essays were graded and rated in a competitive manner among ministers with treated and placebo books. Winners received monetary vouchers and peer recognition via commemorative shields. Specifically, we announced the first three positions for both groups assigned the book and distributed the commemorative shields and gift vouchers to a luxury departmental store. The 1st position received a monetary voucher of USD 150, the 2nd position received a USD 100 voucher, and the 3rd position received a USD 80 voucher. The placebo group also received the vouchers and hence we had 6 winners. Table A5 reports a check for balance between book assignments and outcomes measured before the book assignment (altruism and blood donations). Table A6 of Appendix A shows that the book intervention (by itself and in interaction with the utilitarian treatment) does not have statistically significant impacts on orphanage visits and volunteering. This suggests that the original utilitarian treatment plays an important role in the effects that we observe.

Discussion of Power.— The focus on deputy ministers that make high-impact policy decisions allows us to study an elite group of high-stakes decision-makers who can potentially impact long-run economic development. Nevertheless, the selective nature of these decision-makers indicates that they are by design few in number. Therefore, our sample is limited to about 200 deputy ministers, which raises concerns about lack of statistical power. Nevertheless, even with 200 individuals, our evidence complements several important experimental studies that inspired subsequent work. For instance, the Abecedarian Program (n = 111) ([Muennig et al., 2011](#)), the Perry Preschool Program (n = 123) ([Heckman and Karapakula, 2019](#)); and the Jamaican Study (n = 129) ([Grantham-McGregor et al., 1991](#)).

This study addresses a topic, altruism in governance, that inherently faces challenges due to a small sample size. To be transparent about statistical power of our analysis, we have calculated the minimum detectable effects (MDEs) for our primary outcomes, which include specific game measures

¹⁴ The placebo book is [“Mastering ’Metrics” by Angrist and Pischke \(2014\)](#). The identification assumption is that econometrics does not influence empathy.

and a behavioral indicator, willingness to donate blood. These MDEs were determined based on the control group's means and standard deviations. Our power calculation with statistical power 80% and significance level of 5% reveals that in our sample, the individual level randomization with 53 ministers to a treatment group, so 106 for any comparison between two, allows us to detect a minimum detectable effect ranging from 0.2 to 0.8 standard deviations; Appendix Figure A1 shows the outcome with the highest MDE (appointment to donate) to lowest MDE (teamwork assessments).

Buttressing the assumption that our intervention is powered to have long-term effects, edutainment interventions have been shown to work ([Riley, 2019](#); [Banerjee et al., 2019](#)). Self-persuasion interventions have been shown to have long-term effects ([Eigen and Listokin, 2012](#); [Schwardmann, Tripodi, and van der Weele, 2022](#)). One study found long-term reductions in IAT scores with a multi-faceted prejudice habit-breaking intervention; there was a reduction in implicit race bias by 0.46 in standard deviation (Devine et al. 2012).

We further investigate the effect size estimates derived from the Stand-alone Utilitarian (U) training for which we found a statistically significant effect. Utilizing the methodological framework advanced by [Gelman and Carlin \(2014\)](#), we calculate the probability of committing a Type S error, which pertains to the incorrect inference of the direction of an effect, as well as the likelihood of a Type M error, which involves the overestimation of the magnitude of an effect size. This is achieved by juxtaposing the estimated effect sizes and standard errors against a series of hypothetical true effect sizes, posited to be 100%, 75%, 50%, 25%, and 12.5% of the original estimates reported in our study. Through this analysis, reported in Table B15, we ascertain the extent to which our effect size estimates might be subject to potential inflation or directional miscalculation.¹⁵ The results suggest both are unlikely. Second, we benchmark our effect sizes against recent experimental research with similar designs and challenges, such as smaller sample sizes. Table B16 outlines the effect sizes and minimum detectable effects (MDEs) from our critical results on interventions designed to alter perceptions and actions. Calculated with a 0.05 significance level and 80% power, our effect size (0.52 SD) aligns with these other studies (see Table B16). Third, while experimental design variances may impact effect sizes, our study and two others show treatment effects surpassing the MDEs, a contrast to most studies (see Figure B1). To summarize, our

¹⁵ We adopt the framework proposed by [Gelman and Carlin \(2014\)](#) and implemented by [Shem-Tov, Raphael and Skog \(2021\)](#), to estimate the probability of sign error (Type S error) and the average potential exaggeration ratio (Type M error) in the main treatment effect estimates in the paper. We can see that for the significant estimates, a sign error is very unlikely to occur, and the overall potential exaggeration ratio (i.e., inflation) is around 1.2, which would not contradict the main conclusions. An exaggeration ratio of 1.2 means that the estimated coefficient is at most 20% larger than the true coefficient.

analysis demonstrates that despite the limitations of a smaller sample size, our study design and results are robust and comparable to other experimental research in the field, thus providing reliable conclusions.

II. Data and Empirical Strategy

A. The Data

The sample consists of all 213 deputy ministers entering service in a single year.¹⁶ The outcome variable data on behavioral games was collected during a Zoom call with everyone under the supervision of the Academy in a live session. All the officers participated in 12 behavioral games during the 2-hour workshop. The administrative data on individual junior ministers' characteristics was obtained from the administrative records of the Academy, which we used in our balance test on individual characteristics and as control variables in our regressions. The pre-treatment blood donations were obtained via a baseline survey. In contrast, the written, interview, and psychological assessment scores of the participants were obtained from the Federal Commission of Pakistan, which oversees and organizes these assessments.¹⁷ The outcomes on blood donations from the field were obtained from a prominent blood bank; we worked closely with volunteers requesting blood donations at the bank.¹⁸

Outcome Variables on Altruism.— Our first set of measurements assesses altruism. The first outcome variable is the standard measure of altruism, i.e., response of participants in a “dictator” game. Pioneered by [Kahneman et al. \(1986\)](#), the decision of the “dictator” to voluntarily donate money without clear benefit is widely regarded as a prominent measure for altruism and applied in many studies in economics and psychology (see [Engel, 2011](#) for a review of this literature).¹⁹ We consider the decision of the dictator as our first measure of altruism and our choice is motivated by the game holding in many real world settings of altruistic behavior ([Henrich et al., 2005](#); [Levitt and List, 2007](#); [Kosse et al., 2020](#)).²⁰ Our setting of implementing the dictator game is also interesting since instead of playing these games with students that have self-selected for the experiment, we administer these games with deputy ministers,

¹⁶ The year is anonymized on request of the Academy citing political concerns.

¹⁷ The Commission is a statutory body of the Government of Pakistan, constituted in 1947. It obtains its jurisdiction from the Constitution of Pakistan and its responsibilities include recruiting elite policy advisors and administering their entry examinations and assessments.

¹⁸ An IRB was obtained, and the experiment was approved by Lahore School of Economics Ethical Review Board who approved the IRB after close coordination and consultation.

¹⁹ Specifically, the dictator game is a variant of the ultimatum game where strategic concerns are absent as the proposer simply states what the split will be and there is no veto power to affect the proposal on part of the recipient ([Güth et al., 1982](#)).

²⁰ Although [Henrich et al. \(2005\)](#) note that “context matters” and that there is large variation in the exact degree of altruism demonstrated that depends on the prevalent social norms in the society.

complementing the important new work that moves beyond student populations (see e.g. [Cappelen et al., 2015](#)). The second outcome variable is another variant of the dictator game – the charity game ([Bettinger and Slonim, 2006](#)). Participants are given the option to donate money to UNICEF to buy an effective measles vaccine and were provided with the information that this vaccination is likely to save lives. However, the money could only be sent at the expense of forgoing some money for themselves. This is similar to many studies that combine the standard dictator game with this variant of a charitable donation decision to assess whether results hold in both instances (see, e.g., [Sutter et al., 2019](#)). The outcome variables of the behavioral games are normalized between 0 and 1 to make the comparisons across games easier. In Appendix B, we also present results for outcome variables standardized to mean zero and standard deviation one. Our third set of measurements assesses prosociality in the field. In collaboration with a volunteer group working for a prominent blood bank in Lahore, we designed and randomized the script for volunteers making the telephone calls on behalf of the blood bank to all deputy ministers with an urgent, but truthful, request to donate blood.²¹ We measure outcomes for the public servants agreeing to donate blood as well as those actually agreeing to set up a definite appointment to donate blood at the blood bank.²² The phone calls requesting blood donations took place about two months following the roll-out of our training lectures and submission of the summary. Using a unique dataset from a COVID-19 survey with the Academy, we also utilize information on the blood group of these deputy ministers by randomly assigning some participants in each treatment arm to a group where we urgently requested their exact blood type. The remaining individuals within each treatment arm were randomly assigned an urgent generic request for blood donation without explicit mention of the blood type of the deputy ministers.²³ Besides donation of blood, we also measure donation of time. Two regular syndicate field trips took place about four months following the training. In the first field trip the policymaker must choose between attending a lecture by a senior bureaucrat or visiting an orphanage. In the second trip, the deputy minister must choose between volunteering in impoverished schools at a selected government network of schools or attending a lecture by a senior bureaucrat. The Academy also shared this data, which we leverage as field-based measures of altruism or prosociality. In our average effect size analysis, we combine blood

²¹ The urgency was truthful because the COVID-19 pandemic led to a steep fall in blood donations which created a shortage of all blood types. According to one of the volunteers making the calls: “the blood banks were practically empty”.

²² Both responses were recorded in the same phone call.

²³ Specifically, in the first group, a request is made to the deputy ministers that their blood type is urgently needed, for instance, “Blood for group O positive is urgently needed at the blood bank” (where the minister had O positive blood type), while the second group is requested to donate blood but without mention of the exact blood type of the bureaucrat, i.e., a generic request that “blood is urgently needed at the blood bank” is made.

donations, orphanage visits, and volunteering in impoverished schools to create the field index of altruism.

Outcome Variables on Skill Assessments at the Academy.— Other measures include grades on soft skills, teamwork and research method assessments workshops held by the Academy. The soft-skills workshop tests on material related to skills associated with social skills, perspective-taking, negotiations, leadership, and cooperation. The teamwork workshop is scored by a panel of senior bureaucrats, policymakers and academics and involves policy responses within a team. For instance, consider the sample scenario question, posed to the deputy ministers: “*The Prime Minister wants you to devote more resources to his security detail, while the Chief Minister wants you to aid in the flood relief efforts. How would you organize your team? What decisions will you take? Please detail the exact steps.*” Research method assessments are quantitative exams at the Academy that tests topics such as hypothesis testing and causal inference issues.

Sample Size and Randomization Inference. — [Imbens and Rubin \(2015\)](#) recommend — in small sample randomized trials — conducting randomization inference where the econometrician scrambles the data, reassigning treatments and comparing the distribution of placebo estimates with the true estimate from the experiment.²⁴ We report in Table B14 of Appendix B the corresponding p-values with 1000 iterations of this process applying the most strict criteria of nesting all 36 outcomes in a single family. Even though the p-values slightly increase, the treatment effects are still statistically significant at conventional levels. These results strongly suggest that idiosyncratic small sample bias is unlikely to explain our results. Supporting this conclusion is the fact that lasso-selected controls do not affect the robustness of the results (see, e.g. Appendix A Table A1 and A3).

B. Attrition

Close cooperation with the Academy and the fact that our workshop was compulsory for the entire cohort implied that we had 100% take-up of our treatments. There was, nevertheless, some attrition in recording our blood donations outcome variable in the field. That is, when the blood bank called the deputy ministers requesting blood donation, some did not pick up the phone or refused to give an answer.²⁵ Roughly 95% of participants gave definite responses to both the blood donation requests and

²⁴ *ritest* in Stata is implemented to compute p-values corresponding to the permutation inference. The results are robust to choosing different numbers of iterations.

²⁵ Most “non-respondents” requested the blood bank to call them back but never picked up the phone again. We report the most conservative estimates excluding these public officials although coding these individuals as “no” increases the sample size and precision of our estimates.

setting up a definite appointment with the blood bank. We do, however, show that, even with this small dropout rate, there is no evidence for differential attrition for both agreeing to donate blood or setting up a definite appointment for the blood donation (these results are reported in Table B7 of Appendix B).

C. Estimation Strategy

The impact of the two stand-alone utilitarian and malleability training and the joint training can be evaluated by comparing outcomes across groups in a simple regression framework. For each individual-level outcome, the estimation equation is:

$$Y_i = \alpha + \beta U_i + \gamma M_i + \delta UM_i + X_i \mu + \epsilon_i \quad (1)$$

where Y_i is respective outcome for deputy minister i , U_i is a dummy equal to one if the deputy minister is assigned to the stand-alone utilitarian empathy treatment arm; M_i is a dummy variable equal to one if the deputy minister is assigned to the stand-alone malleability empathy treatment arm; UM_i is a dummy variable equal to one if the deputy minister is assigned to the joint utilitarian and malleability treatment arm; X_i is a vector of individual-level controls. We cluster standard errors at the individual level since that is our level of randomization. In equation (1), β measures the effect of stand-alone utilitarian treatment; γ the effect of stand-alone malleability treatment; and δ the effect of the joint treatment. In all tables that follow, we present estimates of equation (1) for a series of outcomes. At the bottom of each panel, we show the mean of the dependent variable for the placebo group, and we present p-values for tests of the hypothesis that the effect of the joint treatment is equal to either of the two stand-alone treatments, or equal to the sum of the two stand-alone treatments (i.e we test for $\beta = \gamma$, $\gamma = \delta$ and $\delta = \beta + \gamma$). We report ordinary least squares (OLS) estimations. The results are qualitatively unchanged with probit or logit estimations for binary outcomes.

Explanatory Variables.— Our main treatment variables are dummies for the three treatments. U_i and M_i are dummies that switch on if an individual deputy minister is assigned to the stand-alone utilitarian, stand-alone malleability and UM_i joint utilitarian and malleability treatment arms, respectively. We add as control variables all the individual characteristics available from administrative data. These individual level control variables are as follows: written, mathematics, psychological and interview

assessment scores in entry examination; income before joining the service; age; years of education and dummies for gender, birth in political capitals, asset ownership, foreign visits and occupational or professional designation.

III. Results

A. Impact on Altruism

Columns (1) and (2) of Table 2 present the estimated effects of our three treatments relative to the placebo group in the classic dictator game. We find that only the stand-alone utilitarian treatment significantly increases altruism. Since we have normalized the outcome variable to be between 0 and 1, we can infer that the utilitarian treatment increases altruism by about 6 percentage points. This is equivalent to a 12% increase over the placebo mean. The coefficient estimates are similar with no controls and a large number of individual level characteristics added in the regression. Likewise, in Table 2, we also report results of a variant of the dictator game when donations to UNICEF charity are solicited instead of donations to strangers as in the previous standard dictator game. The effects are even larger and reported in columns (3) and (4) of Table 2: utilitarian treatment is associated with a 20 percentage point increase in altruism scores, or a 33% increase over the placebo mean. Equivalently, the utilitarian treatment increases altruism in dictator and charity games by about 0.3 to 0.5 standard deviation relative to the placebo group. These results are also reported in Table B8 of Appendix B where we standardized the outcome variables to mean zero and standard deviation one. Table A1 and A3 in Appendix A present similar results with Lasso controls, while Table A7 and A8 report the results with standardization done with respect to the placebo group. For comparison, the effect sizes of our utilitarian training intervention (video lecture, summary and book receipt) are about as large as the effect found from a year-long mentoring program aimed at enhancing “other-regarding behavior” in 7–9 year olds in Germany ([Kosse et al., 2020](#)). These results are corroborated by evaluation of a regular soft-skills assessment organized by the Academy at the end of the training program.

B. Field Evidence from Blood Donations and Orphanage Visits

We leverage unique information on the blood groups of the deputy ministers and randomized phone calls to provide results from the field. In collaboration with a prominent blood bank, we randomized the phone calls to the deputy ministers so that half of them (106 participants) were randomly

told that their particular blood group was in urgent need, while the other half (107 participants) were just provided with an urgent request to donate blood but without any mention that their exact blood group was needed. That is, the first group gets the call “O Positive blood is urgently needed” (where the deputy minister had the O Positive blood group), whereas the second group gets a generic request that “Blood is urgently needed”. The first two columns of Table 3 report the results on agreement to donate blood, while the latter two columns report results on responses on setting up a definite appointment to donate blood at the bank. The estimates presented in Columns (1) and (3) reveal a large effect of the utilitarian treatment: the stand-alone utilitarian group is about 25 percentage points more likely to both agree to donate blood and set up a definite appointment with the blood bank relative to the group that received the placebo training. This is a substantial effect and equivalent to about 80% increase over the placebo mean. These results are also reported as a bar chart in Figure 2: the group assigned stand-alone utilitarian treatment has about 25 percentage points higher blood donations relative to the placebo group on both blood donation variables (Figure 2, Panel A and B). This strongly suggests that results from behavioral games map well to real-life altruistic behavior in the field. Only the stand-alone utilitarian treatment has a qualitatively and statistically different effect on blood donations relative to the placebo group, consistent with the results from dictator games and empathy book choice. However, this doubling of blood donations for the group assigned the utilitarian treatment masks important heterogeneity among those that were randomized into the group that was told that their exact blood group was in need, relative to those that were made a generic request to donate blood. Columns (2) and (4) of Table 3 report estimates on the interaction terms of the three treatments with the randomly assigned status of the blood bank requesting the minister's actual blood type for both blood donation variables. Remarkably, the effect of blood donations seems to be *entirely* explained by the utilitarian group when the blood bank requested that their exact blood type was needed. These results can be observed most clearly in Figure 2: we observe that the blood donations more than doubled for the utilitarian group when their matching blood type was requested (left panel). We, nevertheless, do not find any significant difference in blood donations between utilitarian and placebo groups when the generic requests for blood donations were made (right panel). The deputy ministers who were assigned the utilitarian treatment are only willing to donate blood if their exact blood group is requested.

Additional evidence corroborates the view that the utilitarian group displays greater altruism in the field. We obtained data from the Academy on their regular “syndicate field trips” that they undertook about four and six months following the treatment. The deputy ministers are given the option by the

Academy to either visit a prominent orphanage (*Dar-ul-Aman*) or attend lectures on a specific government program from a “veteran” policy official. These data are collected separately from the research team and unlikely to be affected by experimenter demand effects. Consistent with the results on blood donations, we find that the group assigned the stand-alone utilitarian treatment is about 20 percentage points more likely to make field visits to the orphanage relative to attending the lecture from the policy official (Table 3, Column 5). This is equivalent to about an 80% increase over the placebo mean. These results are corroborated with a second field trip six months after the treatment and two months after the orphanage visits: the deputy ministers have the choice between volunteering to teach for a week in any impoverished government school that falls under the Progressive Education Network (PEN) or once again choose to attend a lecture on government programs from a senior public official. We also find that the group assigned the stand-alone utilitarian treatment is about 20 percentage points more likely to volunteer at impoverished schools. Substantively, the results on “syndicate field trips” are interesting for two key reasons: (1) the field visits and volunteering at impoverished schools took place at the end of January, that is, about four months after our trainings, and (2) these data come directly from the Academy and are part of their regular training curriculum, providing an external corroboration of our results.

C. Performance in Academy Assessments

To corroborate our results to measure outcomes beyond those designed by us, we use assessment scores in tests held as part of regular Academy training. This includes assessments in teamwork, soft-skills and quantitative research methods. The teamwork assessment is used to gauge their group performance as junior ministers before they graduate from the Academy. Teamwork assessment in group tasks and tests ministers in teambuilding and leadership in policy situations. Effective teamwork is a likely consequence of soft skills as noted in [Deming and Weidmann \(2021\)](#) who have shown in important new work that soft skills are key to teamwork in the laboratory. We also have available a soft-skills assessment and a quantitative research methods assessment. The soft skills assessment tests ministers on negotiation, social skills, and cooperation in policy scenarios, while the research methods assessment tests them on hypothesis testing, multivariate regression analysis with applications to policy-making, and randomized evaluations. The research methods assessment serves as a placebo since it is not directly related to altruism or soft-skills. Columns (1) and (2) of Table 4 present these results: we observe that stand-alone utilitarian treated ministers have about 0.5 standard deviation higher scores in their teamwork policy assessments relative to the placebo group, while we find no evidence of malleability or joint

treatment significantly impacting these team assessment scores. Columns (3) and (4) report scores on the soft-skills exams and also find elevated levels of assessment scores for the group assigned the utilitarian value of empathy treatment. In contrast, we find no impact on quantitative research method courses (Table 4, Columns 5 and 6). These results strongly suggest that the utilitarian treatment has a real impact on soft skills.

D. Behavioral Evidence of Perspective-Taking

The results so far show training policymakers in the benefits of empathy increases altruism, teamwork, and field outcomes related to successful mentalizing relevant to thinking of others. Here, we show that the impacts of training the utility of empathy extend to measurements traditionally utilized in laboratory settings to proxy for soft-skills. Table 5 presents estimates of the impact of our treatment in cooperation and coordination ([Sutter et al., 2019](#)). In the cooperation game, a decision maker must decide how much of an endowment to transfer to the other participant. The transferred quantity will be doubled and the other participant will receive this doubled quantity. What is not transferred remains in the decision maker's possession and is not doubled. At the same time, the other participant simultaneously makes the same decisions. This game is intended to reflect real-world situations where people must cooperate to achieve higher joint surplus. In the coordination game, the person chooses between two options. If the decision maker and the other participant both choose one of the options, they will both receive higher joint surplus, which is split equally. However, there is an incentive to deviate, which is also the safe option that guarantees a non-zero outcome for the decision maker. This game is intended to reflect real-world situations where people must coordinate in teams. Several studies suggest related games map well into behavior in real-world teams ([Grossman and Baldassarri, 2012](#); [Barr and Serneels, 2009](#)).

In Table 5 Columns (1) and (2), we observe individuals receiving the stand-alone utilitarian treatment perform better in the cooperative decision-making behavioral game. Specifically, they score 14 percentage points higher in this game than the placebo group. Likewise, in Columns (3) and (4), we find that these public officials also perform better in the coordination game: the group receiving stand-alone utilitarian treatment have about 7 percentage points higher scores in the Nash equilibrium coordination game. Equivalently, the deputy ministers assigned the utilitarian treatment arm score 0.4 of a standard deviation higher in decision-making and coordination.²⁶ Importantly, this suggests that cooperation and

²⁶ The standardized equivalent to Table 5 where dependent variables are standardized to mean zero and standard deviation 1 can be found in Table B9 of Appendix B.

coordination, rather than simply redistributive preferences, drive the behavioral changes. This is relevant since high-skilled, “cognitive” occupations are increasingly valuing soft skills surrounding teamwork to enhance productivity ([Deming, 2017](#)). These results are consistent with successful mentalizing as in the case of increased blood donations when the decision makers were requested their exact blood type.

Honest public officials are also likely important for effective governance. Taking a long view, training altruism may increase prosociality by increasing honesty. This may have consequences among civil servants by making them more honest. The final game measures lying: each player rolls a 6-sided dice and is asked to report the outcome of the roll, but the player who reports a higher outcome also receives a higher payoff. There is an incentive to lie rather than truthfully revealing the die roll. That is, the public officials have the option of winning dishonestly by misreporting (see [Fischbacher, et al., 2013](#); [Hanna and Wang, 2017](#); [Gneezy et al., 2018](#); [Barfort et al. 2019](#)). Figure 3 presents the results of the lying game. We find, remarkably, that the utilitarian group is significantly less likely to lie in the dice game relative to the placebo group. Interestingly, the stand-alone utilitarian group average is extremely close to 3.5 which is what would be obtained if everyone honestly revealed their truthful die-roll.

While we hypothesize that the successful mentalizing of others plays a key role for our results on altruism, we investigate and rule out alternative channels such as redistributive preferences or competitiveness. Namely, the results indicate altruism, not just fairness; effective altruism, not just altruism (because blood donations increase only when they know that the decision to donate is more likely to be useful); and learning, not just priming or experimenter demand effects. For instance, the utilitarian treated group may have become more competitive, donating blood as a way to compete with their peers. This would be consistent with the fact that the utilitarian training lecture emphasized that showing empathy is a utility maximizing response. If that were the case, we should see blood donations increasing regardless of their explicit blood type being requested. Alternatively, one could reason that the utilitarian treatment made the public officials more redistributive, or patient, or trusting and this is what explains the result in altruism games and blood donations in the field. Nevertheless, we do not find much evidence of this in the other behavioral games that the deputy ministers played. Table 6 reports these results.²⁷ We find no effect of any of our treatments on competitiveness, patience, perseverance, redistribution, risk and trust games (these games are discussed in [Berg et al., 1995](#); [Fisman et al., 2007](#); [Bartling and Fischbacher, 2012](#); [Dohmen et al., 2018](#); [Bašić et al., 2020](#); [Falk et al., 2020](#)).

²⁷ The null results are essentially identical if we standardize the dependent variable instead of normalizing it. See Table B10 in Appendix B for these results.

This exploratory analysis of mechanisms is also summarized in Figure 4, where we depict the estimated standardized (mean zero standard deviation one) stand-alone utilitarian treatment effects and 95 percent confidence intervals on coordination, cooperation, honesty, competitiveness, patience, perseverance, redistribution, risk aversion and trust games. The thing that stands out in this picture is that coordination, perspective-taking and honesty are likely to be a common mechanism responsible for the treatment effects we estimate, while changes in patience, perseverance, redistribution, risk preferences or trust are unlikely to be driving the results. Therefore, the data consistently suggest that treated junior ministers are more inclined towards altruistic actions than the control group. They are not only more likely to donate blood when it is most needed but also demonstrate improved coordination and cooperation. Finally, we summarize all the results in Appendix Table B12, we show the results by combining our outcome variables as a composite index of Altruism based on the Average Effect Size (AES) approach of [Kling et al., 2004](#).²⁸

IV. Conclusion

We find that training high-stakes decision makers in different schools of thought to cultivate prosociality yielded significant impacts from training in the utility of empathy. Soft-skills have been formally modeled to reduce coordination costs so that teams, organizations, and society work together more effectively. We provide causal evidence on the impacts of training utility of empathy on soft-skills of deputy ministers' teamwork and coordination that is critical in models of soft skills.

Laboratory measures of altruism, charitable donations, cooperation and coordination were impacted. Independent assessments of teamwork and skills as deputy ministers also increased. Treated ministers doubled their blood donations in response to blood banks—but only when the specific blood type matching the minister was requested. Orphanage visits and volunteering also increased. In terms of effect sizes, training the utility of empathy has a similar effect size on prosocial behavior (0.4-0.6 standard deviation) as a one-year mentoring program of elementary school children ([Falk et al., 2020](#)).

It is unlikely that experimenter demand effects drive our results – i.e., deputy ministers in the utilitarian treatment behaving in a way they feel they are expected to by the experimenter. This is due to several reasons. First, the treatment group only responded to blood bank donation requests when their exact blood type was requested. Second, malleability also emphasized empathy, and experimenter demand

²⁸ We also perform a randomization inference check in Table B13 and conduct a MHT robustness check, where we adjust for the fact that we are testing for multiple hypotheses by using sharpened False Discovery Rate (FDR) q-values. Similar results are obtained when we deploy [List et al., \(2019\)](#)'s familywise error rate correction (FWER); this extends the False Discovery Rate (FDR) method by using a bootstrapping approach, incorporating point-dependence structure of different treatments and controlling for the familywise error rate i.e., the probability of one or more false rejections (see Table B14 of Appendix B).

effects would plausibly also affect those treatment groups as well. Third, a number of high-stakes administrative assessment scores including soft-skills and teamwork assessments were conducted separately from the research team as part of regular coursework for the Academy.²⁹ The measurements and patterns in the data, therefore, indicate that experimenter demand effects are unlikely to explain our results. Taken together, our sensitivity analysis strongly suggests that our results are robust to multiple hypothesis testing, experimenter demand, small samples, and lack of balance on utilitarian treatment impact on prosocial behavior.

This research explores the concept of altruism within governance, a topic that is notably challenging due to limited sample sizes. To maintain transparency regarding the statistical power of our findings, we have calculated the minimum detectable effects (MDEs) for key outcomes. We view these results as a WAVE1 insight, in the nomenclature of [List \(2020\)](#), and replications need to be completed to understand if the effect sizes can be applied to other general populations as well as high-stakes decision makers in other contexts. Following [List \(2020\)](#)'s SANS (Selection-Attrition-Naturalness-Scaling) conditions for generalizability of our results, we offer three comments. First, in terms of selection, our sample consists of all 213 elite policy makers that entered service in Pakistan via competitive examinations in a given year. Second, our compliance is nearly 100% in the behavioral games as they were held in the natural setting of the Academy, while in blood donations, volunteering and orphanage visits we still have close to 90% compliance given the credibility of prominent blood bank soliciting calls and the Academy organizing the field visits. The setting and choice tasks are natural measures. The policy makers in their field decisions and test assessments are not placed on an artificial margin, rather, they are performing natural tasks in the field. Third, in terms of scaling our intervention to increase altruism in other settings, the intervention is cheap to deliver, parsimonious, and may be particularly useful for developing countries who face strict resource constraints.

Much attention has focused on childhood interventions, though some work on workplace-based programs that teach character skills have made important strides, yet no randomized control trial attempts to train prosociality in different schools of thought in adults ([Kautz et al., 2014](#)). We show that empathy can be enhanced even among adults ([Barrera-Osorio et al., 2020](#) and [Chioda et al., 2021](#)) which is consistent with the evidence that cognitive behavioral therapy impacted outcomes of adults in Liberia

²⁹ We also observe no impact of the malleability treatment on prosocial behavior which is also inconsistent with experimenter demand effects explaining our results.

([Blattman et al., 2017](#)). Future research could test additional schools of thought that offer a parsimonious foundation for normative ethics besides the two in our study and investigate their welfare consequences.

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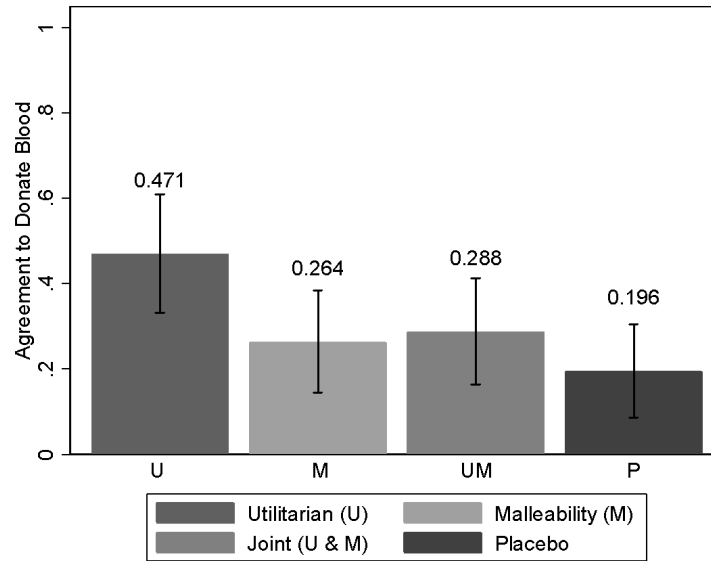
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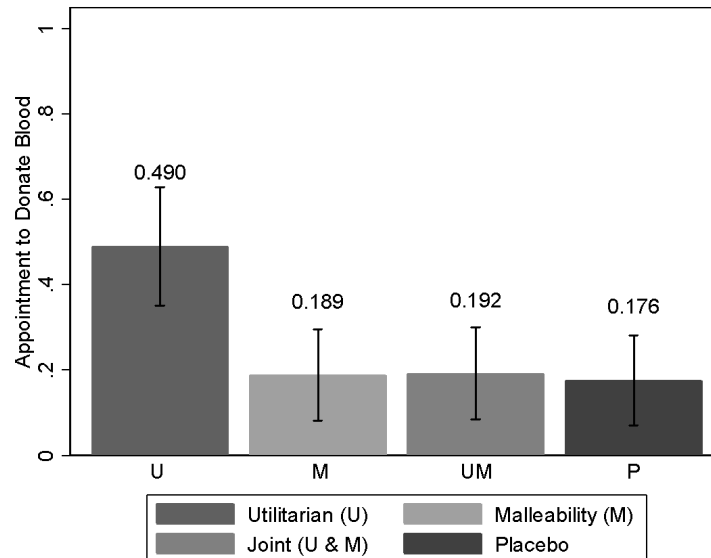
Figures and Tables

Figure 1: Impact on Blood Donations

Panel A: Agreement to Donate Blood

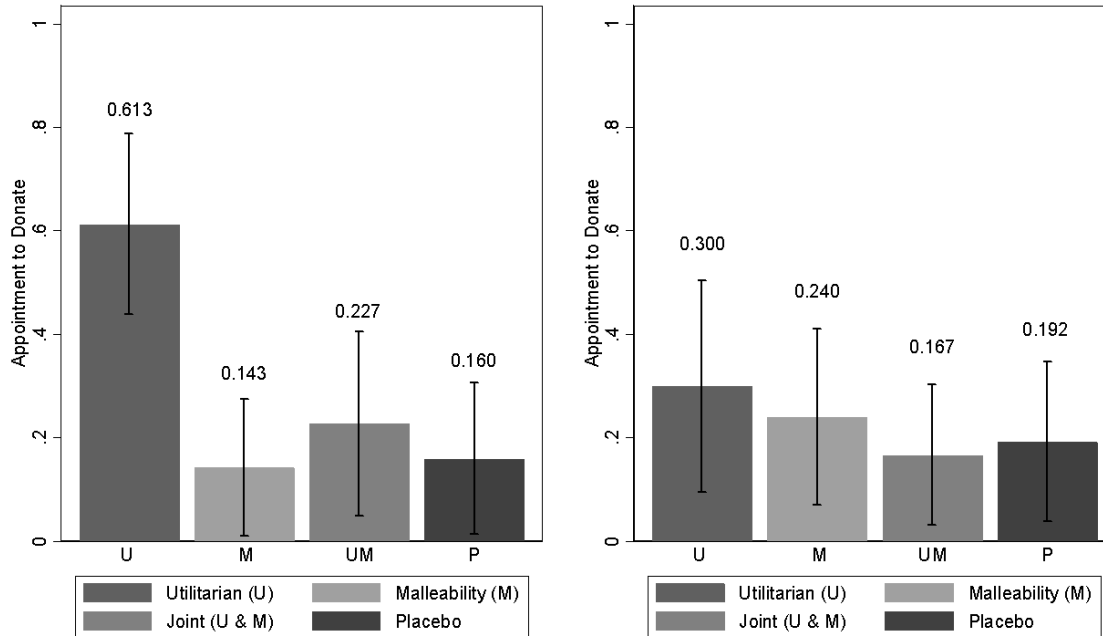


Panel B: Appointment to Donate Blood



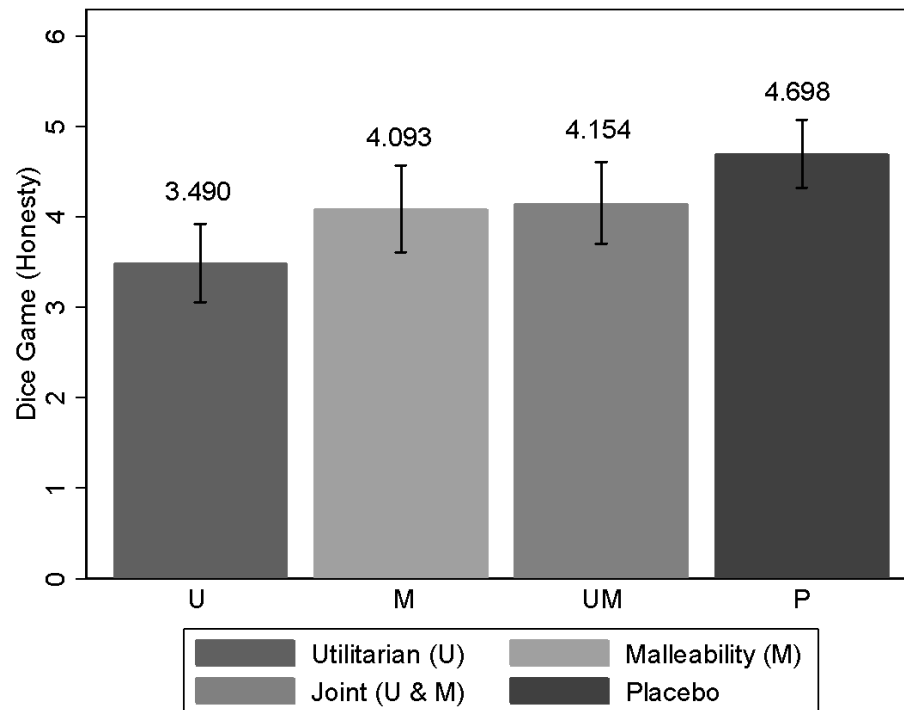
Note: The figure provides averages for the four randomly assigned groups along with 95% confidence intervals. Panel A provides averages for answers on the question of agreement to donate blood where one is yes, and no is zero. Likewise, Panel B provides averages for answers on setting an appointment with the blood bank to donate blood where yes is coded as one and no as zero.

Figure 2: Impact on Blood Donations by specific versus generic request



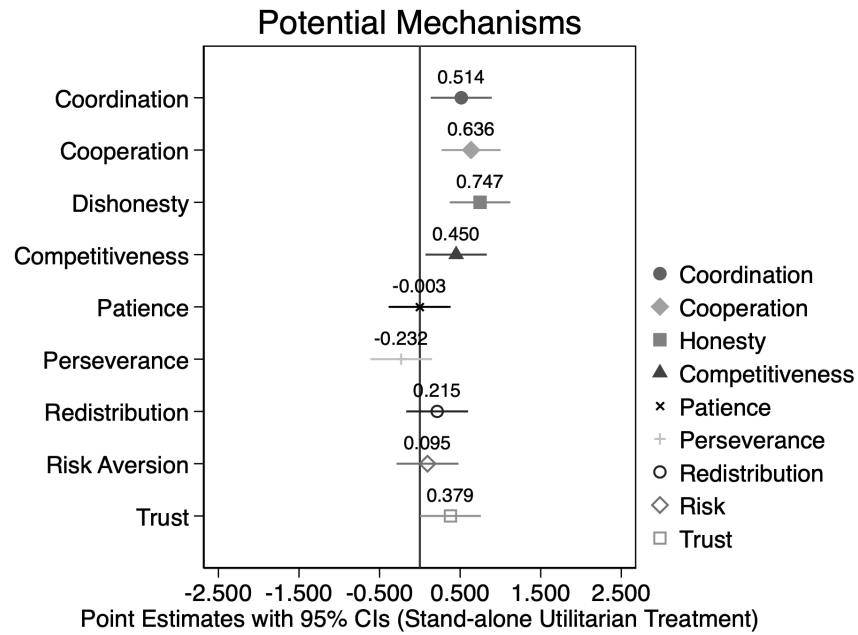
Note: The figure above provides averages for the four randomly assigned groups along with 95% confidence intervals. The figure on the left presents results on urgent truthful requests to donate blood with specific matching blood type of the individual, i.e., “O Positive Blood is urgently needed” (where the individual had the O Positive blood group). The figure on the right reports results from a generic request to donate blood i.e. “Blood is urgently needed”.

Figure 3: Effect on Lying Game



Note: The figure provides averages for the four randomly assigned groups along with 95% confidence intervals. Each bar reports the average in the dice game. Higher levels represent more lying or dishonesty.

Figure 4: Exploration of Mechanisms



2

Note: The figure depicts the stand-alone utilitarian treatment effects and their 95% confidence intervals. Confidence intervals are based on standard errors. The vertical line indicates a treatment effect of zero. Dependent variables are standardized to mean zero and standard deviation one. Identical controls as in baseline specification are also always added.

Table 1: Baseline Characteristics, by Treatment Group

	Utilitarianism (U)	Malleability (M)	Utilitarianism & Malleability (UM)	Placebo (P)	Balance tests: p-value for test that:			
					U=P	M=P	UM=P	UM=U UM=M
Baseline Blood Donations	0.528 [0.504]	0.593 [0.496]	0.472 [0.504]	0.453 [0.503]	0.782	0.171	0.325	0.440 0.151
Psychological Assessment Scores	7.302 [1.085]	7.167 [1.240]	7.283 [0.968]	7.302 [1.137]	<i>0.768</i>	<i>0.379</i>	<i>0.768</i>	<i>0.999</i> <i>0.475</i>
Writing Assessment Scores	653.802 [36.224]	651.480 [28.718]	660.401 [36.377]	656.735 [29.999]	<i>0.640</i>	<i>0.276</i>	<i>0.208</i>	<i>0.291</i> <i>0.152</i>
Interview Assessment Scores	132.788 [24.272]	129.360 [18.591]	131.623 [21.760]	130.600 [16.800]	<i>0.475</i>	<i>0.464</i>	<i>0.833</i>	<i>0.758</i> <i>0.566</i>
Math Assessment Scores	7.189 [1.039]	7.259 [1.262]	7.019 [1.152]	7.415 [1.151]	<i>0.817</i>	<i>0.883</i>	<i>0.184</i>	<i>0.502</i> 0.364
Female	0.415 [0.498]	0.370 [0.487]	0.472 [0.504]	0.415 [0.498]	<i>0.785</i>	<i>0.620</i>	<i>0.533</i>	<i>0.845</i> <i>0.507</i>
Birth in Political Capital	0.359 [0.484]	0.352 [0.482]	0.283 [0.455]	0.302 [0.464]	<i>0.340</i>	<i>0.614</i>	<i>0.285</i>	<i>0.217</i> <i>0.336</i>
Asset Ownership	0.283 [0.455]	0.315 [0.469]	0.245 [0.434]	0.321 [0.471]	<i>0.882</i>	<i>0.659</i>	<i>0.234</i>	<i>0.524</i> <i>0.318</i>
Income	35273.774 [29089.252]	40101.852 [30944.774]	27849.057 [25649.559]	33698.113 [24263.446]	<i>0.781</i>	<i>0.156</i>	<i>0.068*</i>	<i>0.198</i> <i>0.048**</i>
Age	26.491 [2.120]	29.963 [2.083]	26.660 [2.377]	26.981 [2.406]	<i>0.203</i>	<i>0.321</i>	<i>0.722</i>	<i>0.575</i> <i>0.411</i>
Years of Education	14.793 [0.988]	15.148 [0.998]	15.038 [1.143]	15.321 [1.221]	<i>0.061</i> *	<i>0.396</i>	<i>0.568</i>	<i>0.425</i> <i>0.383</i>
Visited Foreign Country	0.208 [0.409]	0.222 [0.420]	0.245 [0.434]	0.226 [0.423]	<i>0.722</i>	<i>0.756</i>	<i>0.690</i>	<i>0.645</i> <i>0.956</i>
Occupational Group Designation Administrative Service Chiefs	0.226 [0.423]	0.074 [0.264]	0.208 [0.409]	0.170 [0.379]	<i>0.200</i>	<i>0.031*</i> *	<i>0.390</i>	<i>0.795</i> <i>0.066*</i>
Police Chiefs	0.132 [0.342]	0.111 [0.317]	0.057 [0.233]	0.094 [0.295]	<i>0.348</i>	<i>0.723</i>	<i>0.239</i>	<i>0.196</i> <i>0.348</i>
Federal Revenue Chiefs	0.189 [0.395]	0.259 [0.442]	0.226 [0.423]	0.208 [0.409]	<i>0.519</i>	<i>0.431</i>	<i>0.908</i>	<i>0.642</i> <i>0.685</i>
Foreign Service Chiefs	0.038 [0.192]	0.074 [0.264]	0.151 [0.361]	0.076 [0.267]	<i>0.159</i>	<i>0.751</i>	<i>0.045**</i>	<i>0.037**</i> <i>0.154</i>
All Other Occupational Groups	0.302 [0.464]	0.352 [0.482]	0.208 [0.469]	0.359 [0.484]	<i>0.953</i>	<i>0.391</i>	<i>0.076*</i>	<i>0.293</i> <i>0.107</i>
Number of candidates (total=213)	53	54	53	53				

Notes: Individual averages. Standard deviations in brackets. p-values corresponding to F-statistics are presented in italics. *Significant at the 10 percent level, ** at the 5 percent level.

Table 2: Impact of Treatments on Altruism

	<i>Altruism Game</i>		<i>Charity Game</i>	
	(1)	(2)	(3)	(4)
Stand-alone Utilitarian (<i>U</i>)	0.0652*** (0.0237)	0.0602*** (0.0219)	0.170* (0.0887)	0.203** (0.0954)
Stand-alone Malleability (<i>M</i>)	-0.0204 (0.0198)	-0.0220 (0.0192)	-0.0185 (0.0960)	-0.0229 (0.0969)
Joint Treatment (<i>UM</i>)	-0.00573 (0.0102)	-0.0178 (0.0129)	-0.0149 (0.0959)	-0.0546 (0.0970)
Individual Controls	No	Yes	No	Yes
Observations	213	213	213	213
Mean of dep. var. (placebo)	0.498	0.498	0.604	0.604
<i>p-value</i> (test: $U = UM$)	0.004**	0.001**	0.035**	0.004**
<i>p-value</i> (test: $M = UM$)	0.485	0.849	0.967	0.716
<i>p-value</i> (test: $U = M$)	0.004**	0.002**	0.032**	0.012**
<i>p-value</i> (test: $UM = U + M$)	0.107	0.047**	0.180	0.056

Note: Robust Newey-West standard errors appear in parenthesis. The dependent variables are normalized to an index between 0 and 1. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimations obtained from OLS regressions include the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Table 3: Field Outcomes - Blood Donations, Orphanage Visits and Volunteering

	Agreement to Donate		Appointment to Donate		Orphanage Visit	Volunteering in Schools
	(1)	(2)	(3)	(4)	(5)	(6)
Stand-alone Utilitarian (U)	0.213** (0.0990)	-0.0335 (0.124)	0.261*** (0.0951)	0.120 (0.121)	0.494*** (0.0942)	0.236** (0.103)
Stand-alone Malleability (M)	0.00707 (0.0877)	0.00477 (0.115)	-0.0283 (0.0832)	-0.0562 (0.110)	-0.00153 (0.0944)	0.0332 (0.0970)
Joint Treatment (UM)	0.0880 (0.0928)	0.0449 (0.109)	0.00195 (0.0842)	-0.0575 (0.0954)	0.0218 (0.0935)	0.0590 (0.0949)
Matching Blood Request (T)		-0.0703 (0.139)		-0.0297 (0.138)		
Matching Blood Request X Stand-alone Utilitarian ($U \times T$)		0.530** (0.207)		0.300 (0.206)		
Matching Blood Request X Stand-alone Malleability ($M \times T$)		0.0365 (0.188)		0.0735 (0.190)		
Matching Blood Request X Joint Treatment ($UM \times T$)		0.156 (0.220)		0.206 (0.215)		
Individual Controls	Yes	Yes	Yes	Yes	Yes	Yes
Observations	207	207	207	207	213	213
Mean of dep. var. (placebo)	0.192	0.192	0.154	0.154	0.264	0.358
p -value (test: $U = UM$)	0.081	0.572	0.009**	0.302	0.087*	0.145
p -value (test: $M = UM$)	0.926	0.545	0.991	0.473	0.584	0.881
p -value (test: $U = M$)	0.058	0.994	0.008**	0.754	0.025**	0.185
p -value (test: $UM = U + M$)	0.058	0.922	0.020**	0.294	0.208	0.064*

Note: Robust Newey-West standard errors appear in parenthesis. The dependent variable in columns (1) and (2) are dummies that switch on for agreement to donate blood. The dependent variables in columns (3) and (4) are dummies for setting up an actual appointment for blood donation at a local blood bank. The dependent variable in columns (4) and (5) are dummies for choosing to visit orphanage and volunteering at impoverished schools relative to choice of attending a lecture by a senior bureaucrat. U , M and UM are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimations obtained from OLS regressions include the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

Table 4: Impact on Teamwork, Research Methods and Soft Skills Assessments - Standardized

	<i>Teamwork Assessment</i>		<i>Soft-Skills Assessment</i>		<i>Research Methods Assessment</i>	
	(1)	(2)	(3)	(4)	(5)	(6)
Stand-alone Utilitarian (U)	0.476** (0.189)	0.479** (0.201)	0.530** (0.223)	0.547** (0.249)	0.0587 (0.199)	0.115 (0.210)
Stand-alone Malleability (M)	-0.0381 (0.196)	-0.0436 (0.214)	0.0555 (0.178)	0.0582 (0.181)	-0.101 (0.198)	-0.0811 (0.205)
Joint Treatment (UM)	-0.0575 (0.195)	-0.0632 (0.205)	-0.164 (0.145)	-0.0784 (0.157)	0.0417 (0.194)	0.0809 (0.197)
Individual Controls	No	Yes	No	Yes	No	Yes
Observations	213	213	213	213	213	213
<i>p-value</i> (test: $U = UM$)	0.007***	0.009***	0.038**	0.047**	0.420	0.348
<i>p-value</i> (test: $M = UM$)	0.920	0.925	0.149	0.364	0.459	0.410
<i>p-value</i> (test: $U = M$)	0.005***	0.006***	0.001**	0.004**	0.929	0.859
<i>p-value</i> (test: $UM = U + M$)	0.067**	0.083**	0.006**	0.012**	0.760	0.866

Note: Robust Newey-West standard errors appear in parenthesis. All dependent variables are standardized to mean 0 and standard deviation of 1. U , M and UM are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. Dependent variables in Columns (1) and (2) present scores from regular public policy training courses at the Academy on the original scale of 0 to 10 on the workshop *Teams & Group Decisions*. This workshop assesses policymakers team decisions. This assessment is marked by a committee of senior bureaucrats and academics. Dependent variables in Columns (3) and (4) present soft skills assessment on negotiations and leadership skills. Dependent variables in Columns (5) and (6) scores on *Quantitative Assessment (Research Methods)* are reported. This assessment content included a statistical inference course with emphasis on hypothesis testing, multivariate regression analysis with applications to policy-making, and randomized evaluations. The estimations obtained from OLS regressions include the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

Table 5: Impact of Treatments in Strategic Dilemmas

	<i>Cooperation Game</i>		<i>Coordination Game</i>	
	(1)	(2)	(3)	(4)
Stand-alone Utilitarian (<i>U</i>)	0.140*** (0.0470)	0.138*** (0.0504)	0.0841** (0.0337)	0.0719* (0.0365)
Stand-alone Malleability (<i>M</i>)	-0.0412 (0.0403)	-0.0399 (0.0414)	0.0278 (0.0299)	0.0246 (0.0324)
Joint Treatment (<i>UM</i>)	-0.00251 (0.0371)	-0.00907 (0.0410)	0.0184 (0.0341)	0.0155 (0.0346)
Individual Controls	No	Yes	No	Yes
Observations	213	213	213	213
Mean of dep. var. (placebo)	0.535	0.535	0.849	0.849
<i>p-value</i> (test: $U = UM$)	0.001**	0.002**	0.045**	0.088
<i>p-value</i> (test: $M = UM$)	0.264	0.405	0.748	0.803
<i>p-value</i> (test: $U = M$)	0.000**	0.000**	0.048**	0.093
<i>p-value</i> (test: $UM = U + M$)	0.087	0.083	0.048**	0.117

Note: Robust Newey-West standard errors appear in parenthesis. The dependent variable is normalized to an index between 0 and 1 for cooperation and coordination respectively. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimations obtained from OLS regressions include the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Table 6: Alternative Mechanisms

	<i>Competition Game</i>	<i>Patience Game</i>	<i>Perseverance Game</i>	<i>Redistribution Game</i>	<i>Risk Aversion Game</i>	<i>Trust Game</i>
	(1)	(2)	(3)	(4)	(5)	(6)
Stand-alone Utilitarian (<i>U</i>)	0.124 (0.0991)	-0.00139 (0.0184)	-0.0662 (0.0582)	0.00981 (0.0112)	0.00174 (0.0488)	0.495* (0.291)
Stand-alone Malleability (<i>M</i>)	0.0258 (0.0982)	-0.00887 (0.0225)	-0.0547 (0.0616)	0.0105 (0.00915)	-0.0161 (0.0540)	-0.163 (0.287)
Joint Treatment (<i>UM</i>)	0.0600 (0.0990)	-0.0136 (0.0194)	0.0269 (0.0724)	0.00835 (0.00793)	-0.0514 (0.0556)	-0.241 (0.265)
Individual Controls	Yes	Yes	Yes	Yes	Yes	Yes
Observations	213	213	213	213	213	213
Mean of dep. var. (placebo)	0.321	0.604	0.132	0.492	0.732	0.538
<i>p-value</i> (test: $U = UM$)	0.658	0.462	0.165	0.434	0.270	0.822
<i>p-value</i> (test: $M = UM$)	0.662	0.804	0.210	0.780	0.499	0.236
<i>p-value</i> (test: $U = M$)	0.368	0.750	0.803	0.651	0.711	0.187
<i>p-value</i> (test: $UM = U + M$)	0.677	0.907	0.096	0.171	0.534	0.683

Note: Robust Newey-West standard errors appear in parenthesis. The dependent variable is normalized to an index between 0 and 1 for behavioral games on competition, patience, perseverance, redistribution, risk and trust games. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimations obtained from OLS regressions include the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Online Appendix to:

Altruism in Governance:

Insights from Randomized Training for Pakistan's Junior Ministers

By Sultan Mehmood, Shaheen Naseer and Daniel Chen

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Appendix A. Additional Robustness Checks

Appendix B. Experimental Setup, Scripts, Audio, and Additional Tables

Appendix A. Additional Robustness Checks Tables

Table A1: Impact of Treatments on Main Variables with Lasso Controls

	(1)	(2)	(3)	(4)	(5)
	<i>Altruism Game</i>	<i>Charity Game</i>	<i>Soft-Skills Assessment</i>	<i>Teamwork Assessment</i>	<i>Research Methods Assessment</i>
Stand-alone	0.0647***	0.170*	0.177**	0.694**	0.0862
Utilitarian	(0.0218)	(0.0885)	(0.0734)	(0.274)	(0.287)
(U)	[0.003]	[0.055]	[0.016]	[0.011]	[0.764]
Stand-alone	-0.0232	-0.0185	0.0185	-0.0556	-0.148
Malleability (<i>M</i>)	(0.0196)	(0.0956)	(0.0582)	(0.284)	(0.285)
	[0.237]	[0.846]	[0.750]	[0.845]	[0.603]
Joint Treatment	-0.0089	-0.0149	-0.0548	-0.0839	0.0611
(<i>UM</i>)	(0.0116)	(0.0956)	(0.0472)	(0.282)	(0.279)
	[0.443]	[0.876]	[0.245]	[0.766]	[0.827]
Controls (Lasso)	Yes	Yes	Yes	Yes	Yes
Observations	213	213	213	213	213
R-squared	0.153	0.027	0.066	0.048	0.004
<i>p-value</i> (test: $U=$ <i>UM</i>)	0.0015***	0.0364**	0.0006***	0.0041***	0.9299
<i>p-value</i> (test: $M=$ <i>UM</i>)	0.4790	0.9696	0.1472	0.9199	0.4582
<i>p-value</i> (test: $U= M$)	0.0017***	0.0330**	0.0366**	0.0062***	0.4193
<i>p-value</i> (test: $UM=$ $U + M$)	0.0911*	0.2019	0.0050***	0.0658*	0.7597

Note: Robust Newey-West standard errors appear in parenthesis, while the corresponding p-values are reported in square brackets. The dependent variables are normalized to an index between 0 and 1. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The control variables to be included in each regression are selected via the Post Double Selection Lasso approach. In column (1) the following Lasso selected control(s): foreign visits. In other columns no control is selected. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Table A2: Impact of Treatments on Main Variables estimated via Double Debiased Machine Learning (DDML)

	(1)	(2)	(3)	(4)	(5)
	<i>Altruism Game</i>	<i>Charity Game</i>	<i>Soft-Skills Assessment</i>	<i>Teamwork Assessment</i>	<i>Research Methods Assessment</i>
Stand-alone	0.0615***	0.251***	0.110	0.508*	0.250
Utilitarian	(0.0177)	(0.0925)	(0.0743)	(0.2665)	(0.2727)
(U)	[0.001]	[0.007]	[0.138]	[0.057]	[0.359]
Stand-alone	-0.0275	0.0892	-0.0063	0.0976	-0.1404
Malleability (<i>M</i>)	(0.0188)	(0.0965)	(0.0561)	(0.2730)	(0.2829)
	[0.143]	[0.355]	[0.911]	[0.721]	[0.620]
Joint Treatment	-0.0018	0.0337	-0.0478	-0.0457	-0.1277
(<i>UM</i>)	(0.0077)	(0.0854)	(0.0546)	(0.2412)	(0.2465)
	[0.559]	[0.693]	[0.382]	[0.850]	[0.604]
Controls (Lasso)	Yes	Yes	Yes	Yes	Yes
Observations	213	213	213	213	213
<i>p-value</i> (test: $U=$ <i>UM</i>)	0.0012***	0.0226**	0.0261**	0.0401**	0.1762
<i>p-value</i> (test: $M=$ <i>UM</i>)	0.2091	0.5882	0.4240	0.6136	0.9654
<i>p-value</i> (test: $U=M$)	0.0006***	0.1006	0.0980*	0.1363	0.1615
<i>p-value</i> (test: $UM=$ $U+M$)	0.1489	0.0323**	0.0933*	0.1089	0.5750

Note: Robust Newey-West standard errors appear in parenthesis, while the corresponding p-values are reported in square brackets. The dependent variables are normalized to an index between 0 and 1. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The DDML estimation assumes a partially linear model and implements the cross-fitting algorithm. All 14 control variables are included to estimate the orthogonalized version of the outcome variables and treatment variables of interest.

Table A3: Results from the Field - Blood Donations, Orphanage Visits and Volunteering with Lasso Controls

	(1)	(2)	(3)	(4)	(5)	(6)
	Agreement to Donate		Appointment to Donate		Orphanage Visit	Volunteering in Schools
Stand-alone Utilitarian (U)	0.209** (0.0946) [0.027]	-0.0641 (0.110) [0.559]	0.248*** (0.0938) [0.008]	0.0769 (0.119) [0.517]	0.491*** (0.0844) [0.000]	0.241*** (0.0924) [0.009]
Stand-alone Malleability (M)	0.0145 (0.0865) [0.867]	-0.0150 (0.111) [0.893]	-0.0229 (0.0818) [0.780]	-0.0584 (0.103) [0.572]	0 (0.0862) [1.000]	0.0370 (0.0878) [0.673]
Joint Treatment (UM)	0.0769 (0.0900) [0.393]	0.0214 (0.108) [0.893]	-0.0192 (0.0824) [0.815]	-0.0919 (0.0949) [0.333]	0.0241 (0.0877) [0.783]	0.0618 (0.0892) [0.488]
Matching Blood Request		-0.103 (0.128) [0.421]		-0.0769 (0.126) [0.543]		
Matching Blood Request X Stand-alone Utilitarian (UXT)		0.619*** (0.177) [0.000]		0.394** (0.186) [0.034]		
Matching Blood Request X Stand-alone Malleability (MXT)		0.111 (0.176) [0.527]		0.113 (0.168) [0.502]		
Matching Blood Request X Joint Treatment ($UMXT$)		0.200 (0.193) [0.301]		0.251 (0.183) [0.170]		
Controls (Lasso)	Yes	Yes	Yes	Yes	Yes	Yes
Observations	207	207	207	207	213	213
R-squared	0.032	0.112	0.092	0.127	0.180	0.037
p -value (test: $U = UM$)	0.1678	0.4355	0.0030***	0.1230	0.0000***	0.0612*
p -value (test: $M = UM$)	0.4781	0.7434	0.9626	0.7173	0.7854	0.7864
p -value (test: $U = M$)	0.0356**	0.6603	0.0024***	0.2468	0.0000***	0.0308**
p -value (test: $UM = U + M$)	0.2558	0.5202	0.0441**	0.4629	0.0001***	0.0958*

Note: Robust Newey-West standard errors appear in parenthesis, while corresponding p-values are reported in square brackets. The dependent variables in columns (1) and (2) are dummies that switch on for agreement to donate blood. The dependent variables in columns (3) and (4) are dummies for setting up an actual appointment for blood donation at a local blood bank. The dependent variables in columns (4) and (5) are dummies for choosing to visit orphanage and volunteering at impoverished schools relative to choice of attending a lecture by a senior bureaucrat. U , M and UM are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The control variables to be included in each regression are selected via the Post Double Selection Lasso approach. In all columns no control is selected. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

Table A4: Results from the Field - Blood Donations, Orphanage Visits and Volunteering via Double Debiased Machine Learning (DDML)

	(1)	(2)	(3)	(4)	(5)	(6)
	Agreement to Donate		Appointment to Donate		Orphanage Visit	Volunteering in Schools
Stand-alone Utilitarian (U)	0.1638* (0.0904) [0.070]	-0.0366 (0.1138) [0.748]	0.2729*** (0.0929) [0.003]	0.1116 (0.1129) [0.323]	0.3756*** (0.0870) [0.000]	0.1269bo (0.1000) [0.204]
Stand-alone Malleability (M)	0.0382 (0.0887) [0.667]	0.1085 (0.1081) [0.315]	0.0085 (0.0829) [0.918]	0.0523 (0.100) [0.602]	-0.0909 (0.0856) [0.289]	-0.0379 (0.0924) [0.682]
Joint Treatment (UM)	0.1002 (0.0819) [0.221]	0.0547 (0.0880) [0.534]	0.0247 (0.0771) [0.749]	-0.0008 (0.0829) [0.992]	-0.0265 (0.0857) [0.757]	-0.0340 (0.0882) [0.700]
Matching Blood Request		0.0352 (0.1146) [0.758]		0.0954 (0.1117) [0.393]		
Matching Blood Request X Stand-alone Utilitarian ($U \times T$)		0.3611** (0.1781) [0.043]		0.2602 (0.1780) [0.144]		
Matching Blood Request X Stand-alone Malleability ($M \times T$)		-0.2052 (0.1515) [0.175]		-0.1587 (0.1448) [0.273]		
Matching Blood Request X Joint Treatment ($UM \times T$)		0.1912 (0.1696) [0.259]		0.1138 (0.1767) [0.520]		
Controls (Lasso)	Yes	Yes	Yes	Yes	Yes	Yes
Observations	207	207	207	207	213	213
p -value (test: $U = UM$)	0.5149	0.4320	0.0103**	0.3801	0.0000***	0.1066
p -value (test: $M = UM$)	0.5078	0.6201	0.8516	0.5838	0.4912	0.9681
p -value (test: $U = M$)	0.1622	0.2164	0.0029***	0.6041	0.0000***	0.0988*
p -value (test: $UM = U + M$)	0.4667	0.9183	0.0589*	0.2918	0.0188**	0.3861

Note: Robust Newey-West standard errors appear in parenthesis, while corresponding p-values are reported in square brackets. The dependent variables in columns (1) and (2) are dummies that switch on for agreement to donate blood. The dependent variables in columns (3) and (4) are dummies for setting up an actual appointment for blood donation at a local blood bank. The dependent variables in columns (4) and (5) are dummies for choosing to visit orphanage and volunteering at impoverished schools relative to choice of attending a lecture by a senior bureaucrat. U , M and UM are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The DDML estimation assumes a partially linear model and implements the cross-fitting algorithm. All 14 control variables are included to estimate the orthogonalized version of the outcome variables and treatment variables of interest. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$

Table A5: Balance test by Book Assignment - Before Book Assignment

	(1) <i>Altruism Game</i>	(2) <i>Charity Game</i>	(3) <i>Agreement to Donate</i>	(4) <i>Appointment to Donate</i>
<i>U</i>	0.0917 (0.0606) [0.132]	0.305 (0.204) [0.136]	0.178 (0.237) [0.454]	0.0366 (0.265) [0.890]
<i>M</i>	-0.0372 (0.0476) [0.436]	-0.150 (0.201) [0.456]	0.170 (0.179) [0.343]	-0.0593 (0.183) [0.747]
<i>UM</i>	0.00969 (0.0218) [0.657]	0.0375 (0.176) [0.831]	0.0272 (0.157) [0.862]	-0.109 (0.160) [0.497]
<i>Book Assigned</i>	0.0243 (0.0216) [0.262]	0.100 (0.205) [0.625]	0.172 (0.187) [0.357]	-0.0413 (0.186) [0.824]
<i>U X Book Assigned</i>	-0.0469 (0.0498) [0.347]	0.189 (0.291) [0.517]	0.0500 (0.259) [0.847]	0.334 (0.269) [0.216]
<i>M X Book Assigned</i>	-0.00294 (0.0477) [0.951]	-0.0735 (0.290) [0.800]	-0.373 (0.276) [0.178]	-0.0646 (0.276) [0.815]
<i>UM X Book Assigned</i>	-0.0833** (0.0360) [0.022]	0.0889 (0.264) [0.737]	-0.212 (0.256) [0.408]	-0.133 (0.266) [0.617]
Controls	Yes	Yes	Yes	Yes
Observations	213	213	207	207
R-squared	0.269	0.195	0.133	0.148

Note: Robust Newey-West standard errors appear in parenthesis, while corresponding p-values are reported in square brackets. The dependent variable in column (3) is a dummy that switches on for agreement to donate blood. The dependent variable in column (4) is a dummy for setting up an actual appointment for blood donation at a local blood bank. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. Book assigned is a dummy variable that switches when the empathy book is assigned. The estimations obtained from OLS regressions includes the following controls: empathy book chosen, interaction of empathy book chosen with all the treatments, written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** p<0.01, ** p<0.05, * p<0.1.

Table A6: Heterogeneous Impact of Treatments on Academy Evaluations, Orphanage Visits and Volunteering by Book Assignment - After Book Assignment

	(1) <i>Soft-Skills Assessment</i> <i>t</i>	(2) <i>Teamwork Assessment</i>	(3) <i>Research Methods Assessment</i>	(4) <i>Orphanage Visit</i>	(5) <i>Volunteering in Schools</i>
<i>U</i>	0.281 (0.226) [0.216]	0.649 (0.716) [0.314]	-0.103 (0.789) [0.885]	0.155 (0.224) [0.447]	-0.163 (0.210) [0.391]
<i>M</i>	0.122 (0.154) [0.428]	0.152 (0.689) [0.811]	-0.719 (0.600) [0.197]	-0.00852 (0.178) [0.959]	0.0617 (0.194) [0.733]
<i>UM</i>	-0.0778 (0.0996) [0.436]	0.934 (0.608) [0.103]	-0.187 (0.549) [0.715]	-0.0374 (0.170) [0.813]	0.00492 (0.174) [0.976]
<i>Book Assigned</i>	-0.0103 (0.0858) [0.904]	0.683 (0.498) [0.137]	-0.777 (0.535) [0.114]	-0.00310 (0.164) [0.984]	-0.0204 (0.167) [0.894]
<i>U X Book Assigned</i>	-0.0263 (0.266) [0.922]	-0.365 (0.977) [0.667]	-0.000271 (0.856) [0.999]	0.0313 (0.256) [0.891]	0.394 (0.286) [0.118]
<i>M X Book Assigned</i>	-0.231 (0.160) [0.151]	-0.948 (0.786) [0.184]	1.426* (0.825) [0.058]	-0.00745 (0.254) [0.974]	-0.0346 (0.258) [0.883]
<i>UM X Book Assigned</i>	0.140 (0.117) [0.232]	-0.793 (0.682) [0.206]	0.643 (0.684) [0.307]	0.284 (0.225) [0.168]	0.295 (0.224) [0.149]
Controls	Yes	Yes	Yes	Yes	Yes
Observations	213	213	213	213	213
R-squared	0.173	0.133	0.103	0.269	0.139

Note: Robust Newey-West standard errors appear in parenthesis, while corresponding p-values are reported in square brackets. The dependent variables in columns (4) and (5) are dummies for choosing to visit orphanage and volunteering at impoverished schools relative to choice of attending a lecture by a senior bureaucrat. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. Book assigned is a dummy variable that switches when the empathy book is assigned. The estimations obtained from OLS regressions includes the following controls: empathy book chosen, interaction of empathy book chosen with all the treatments, written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** p<0.01, ** p<0.05, * p<0.1.

Table A7: Impact of Treatments on main variables standardized with respect to placebo group

	(1) <i>Altruism Game</i>	(2) <i>Charity Game</i>	(3) <i>Soft-Skills Assessment</i>	(4) <i>Teamwork Assessment</i>	(5) <i>Research Methods Assessment</i>
Stand-alone Utilitarian (<i>U</i>)	1.392*** (0.481) [0.004]	0.412** (0.188) [0.029]	0.624** (0.268) [0.021]	0.474** (0.191) [0.014]	0.114 (0.197) [0.564]
Stand-alone Malleability (<i>M</i>)	-0.509 (0.429) [0.237]	-0.0465 (0.191) [0.808]	0.0664 (0.192) [0.730]	-0.0431 (0.204) [0.833]	-0.0798 (0.192) [0.678]
Joint Treatment (<i>UM</i>)	-0.411 (0.287) [0.154]	-0.111 (0.190) [0.559]	-0.0894 (0.167) [0.593]	-0.0625 (0.195) [0.749]	0.0797 (0.185) [0.667]
Controls	Yes	Yes	Yes	Yes	Yes
Observations	213	213	213	213	213
R-squared	0.250	0.144	0.137	0.084	0.073
<i>p-value</i> (test: $U = UM$)	0.0001	0.0047	0.0036	0.0837	0.2336
<i>p-value</i> (test: $M = UM$)	0.8260	0.7302	0.3635	0.7596	0.9879
<i>p-value</i> (test: $U = M$)	0.0023	0.0132	0.0467	0.1040	0.2079
<i>p-value</i> (test: $UM = U+M$)	0.0523	0.0742	0.0105	0.0819	0.1539

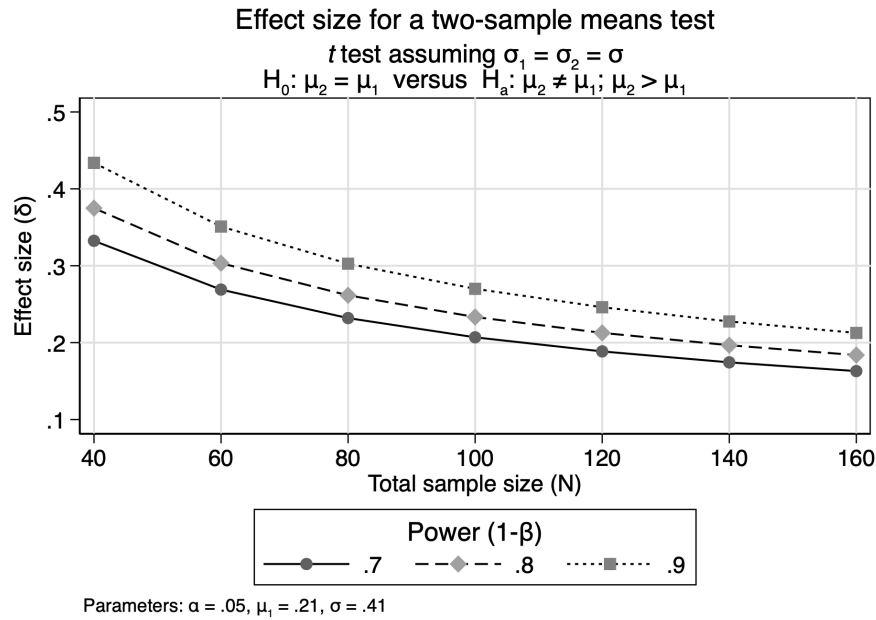
Note: Robust Newey-West standard errors appear in parenthesis, while corresponding p-values are reported in square brackets. The dependent variables are normalized to an index between 0 and 1 with respect to the placebo group. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimations obtained from OLS regressions include the following Lasso selected control(s): foreign visits. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Table A8: Results from the Field - Blood Donations, Orphanage Visits and Volunteering standardized with respect to placebo group

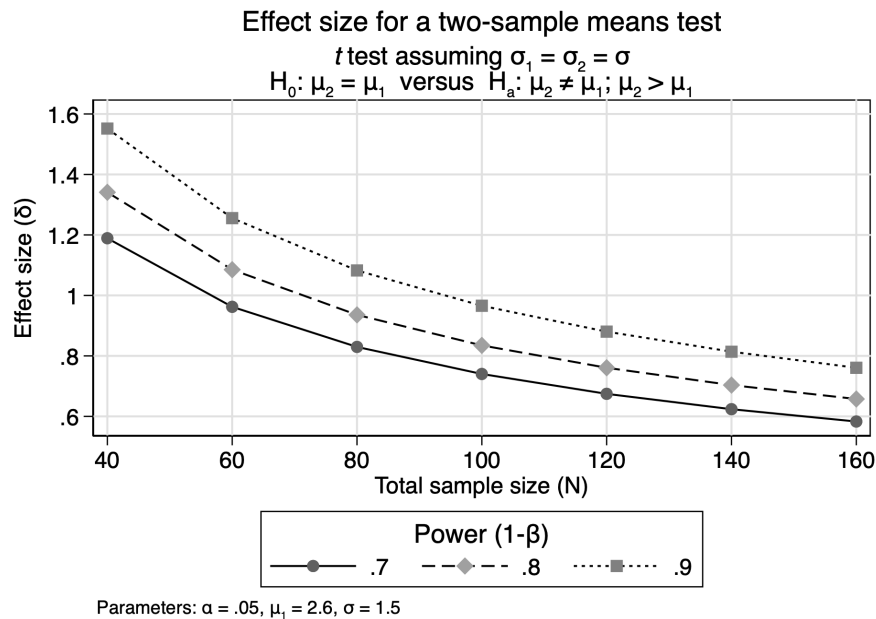
	(1) Agreement to Donate	(2)	(3) Appointment to Donate	(4)	(5) Orphanage Visit	(6) Volunteering in Schools
Stand-alone Utilitarian (<i>U</i>)	0.500** (0.226) [0.028]	-0.0787 (0.283) [0.781]	0.633*** (0.224) [0.005]	0.290 (0.285) [0.309]	1.094*** (0.197) [0.001]	0.522** (0.216) [0.017]
Stand-alone Malleability (<i>M</i>)	0.0166 (0.202) [0.935]	0.0112 (0.265) [0.966]	-0.0685 (0.198) [0.729]	-0.136 (0.260) [0.600]	-0.00337 (0.198) [0.986]	0.0734 (0.205) [0.720]
Joint Treatment (<i>UM</i>)	0.207 (0.211) [0.328]	0.105 (0.249) [0.672]	0.00474 (0.197) [0.981]	-0.140 (0.224) [0.535]	0.0483 (0.197) [0.807]	0.131 (0.200) [0.516]
Matching Blood Request		-0.165 (0.309) [0.594]		-0.0721 (0.314) [0.819]		
Matching Blood Request X Stand-alone Utilitarian (<i>U X T</i>)		1.246*** (0.459) [0.007]		0.728 (0.470) [0.123]		
Matching Blood Request X Malleability (<i>M X T</i>)		0.0857 (0.418) [0.838]		0.178 (0.435) [0.682]		
Matching Blood Request X Joint Treatment (<i>UM X T</i>)		0.367 (0.485) [0.449]		0.499 (0.486) [0.302]		
Controls	Yes	Yes	Yes	Yes	Yes	Yes
Observations	207	207	207	207	213	213
R-squared	0.103	0.163	0.118	0.148	0.226	0.093
<i>p-value</i> (test: $U = UM$)	0.2112	0.5083	0.0056	0.1173	0.0001	0.0715
<i>p-value</i> (test: $M = UM$)	0.3736	0.7215	0.7117	0.9890	0.7929	0.7808
<i>p-value</i> (test: $U = M$)	0.0286	0.7570	0.0017	0.1497	0.0001	0.0394
<i>p-value</i> (test: $UM = U + M$)	0.3274	0.6569	0.0647	0.4384	0.0002	0.1231

Note: Robust Newey-West standard errors appear in parenthesis, corresponding while p-values are reported in square brackets. The dependent variables in columns (1) and (2) are dummies that switch on for agreement to donate blood. The dependent variables in columns (3) and (4) are dummies for setting up an actual appointment for blood donation at a local blood bank. The dependent variables in columns (4) and (5) are dummies for choosing to visit orphanage and volunteering at impoverished schools relative to choice of attending a lecture by a senior bureaucrat. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimations obtained from OLS regressions include the following controls: interview test scores and birth in political capitals. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Figure A1: Power Calculation Graphs
Panel A; Appointment to Donate



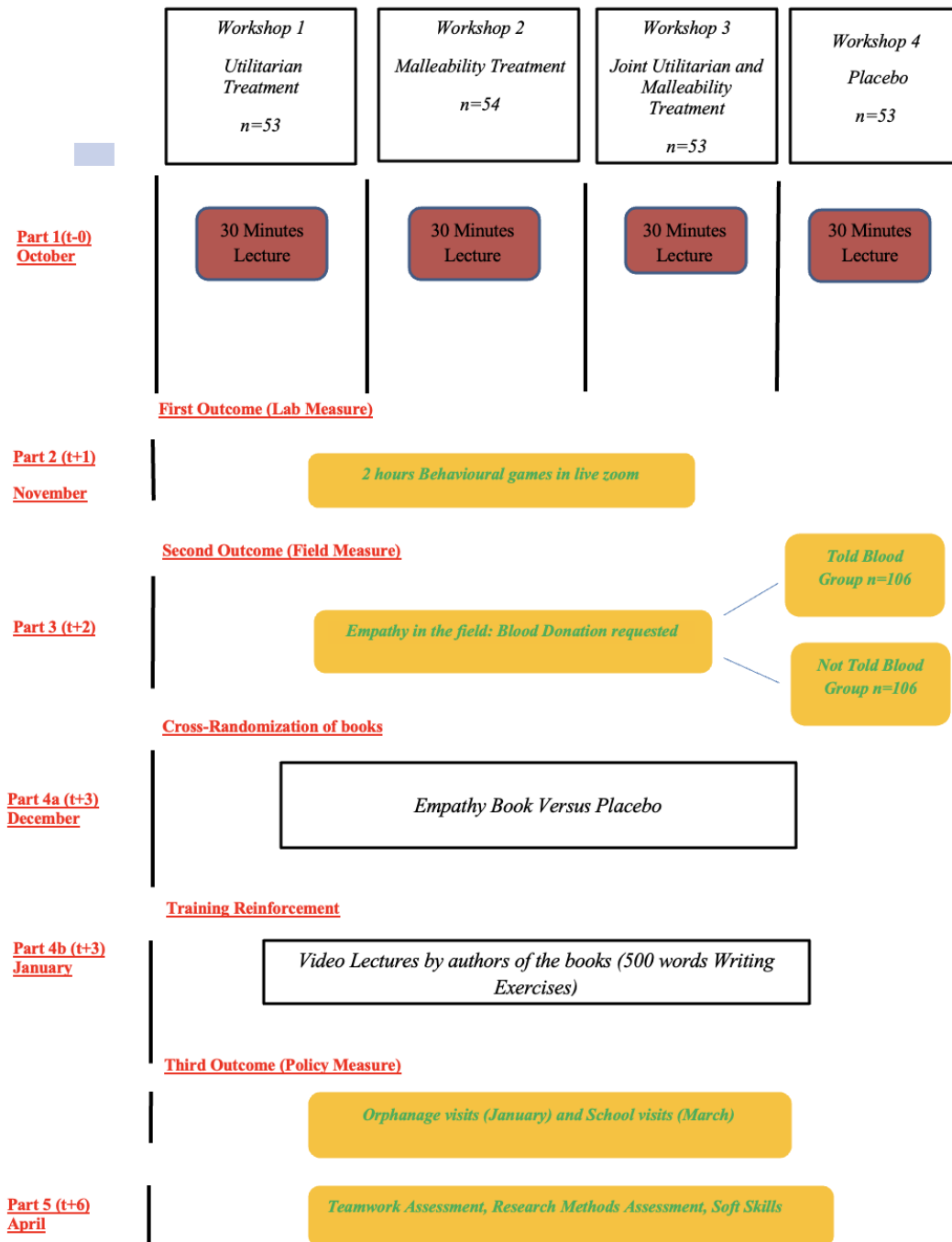
Panel B: Teamwork Assessments



Note: The figure above provides the average effect size for Appointment to Donate in Panel A and for Teamwork Assessments in Panel B. These two outcomes are chosen since they provide the largest deviation in the MDEs computed.

Appendix B. Experimental Setup, Scripts, and Additional Tables

Table B1: Experimental Set-up



The exact cohort identification of training is anonymized as per requests by the Academy. It is available to the editor on request though a Non-Disclosure Agreement. The five parts of the experiment are summarized in this flowchart along with the timeline.

Table B2: Script of Email sent by Director of Training Academy

Subject: Workshop - Material

Dear Officers,

It is my pleasure to welcome you all to the upcoming training workshop. With this email, I wanted to send you a link to a training lecture that you should watch very carefully and answer all accompanying questions before and after watching the lecture. Please note this is a mandatory individual training assignment so do NOT share the material or the accompanying questions/answers with anyone, especially your fellow officers. Failure to comply may lead to disciplinary action. I encourage you to watch the lecture twice so that all material contained in the lecture is well understood by you. Please click “finish” once you are completely done. The link with this training lecture is below: [link]

Please access the link assigned to you by clicking on your name and entering your corresponding email. Good luck to you all!

Yours Sincerely,

Table B3: Utilitarian Treatment Script

We incorporate a color-coding scheme to differentiate the content of treatment transcripts. Specifically, we use brown color to highlight text that appears in both the Utilitarian (U) and Malleability (M) treatment scripts. Text that is common to both the Malleability treatment and the combined treatment is marked in green, while blue is used to denote text shared by the Utilitarian treatment and the combined treatment. This color scheme allows for a clear visual distinction of the content that is consistent or varies across the three treatments.

The lecture for the Utilitarian treatment was entitled, "Understanding Each Other: Benefits of Empathy."

I want to welcome all of you. I'm your instructor for soft skills workshop, which we are starting next week. Just to give you a brief preview of my background, I completed my PhD in economics from Erasmus University Rotterdam, and currently I'm working as a faculty professor at Lahore School of Economics. Most of my research deals with the questions pertaining to performance and efficiency of

civil servants. The purpose of sending you this 15 minute presentation is to briefly walk you through some of the core concepts which will provide you the background knowledge that is compulsory and prerequisite for the upcoming workshop next week. The first thing that I want to do is to make you feel comfortable. Although this is a compulsory video to get acquainted with the required material, but there is nothing uptight about this presentation. I'm really here for your benefit. I hope that this is going to be a worthwhile experience for you. Also, I would like to add, I encourage you to send your questions through email to me because first and foremost, I want this talk to be a worthwhile experience for you. In this slide, you see the topics that sort of headlines this presentation. We will talk about what empathy is, why it matters, why we need to talk about it, then we will discuss qualitative or anecdotal evidence that is some examples from bureaucrats to underscore the importance of empathy. After presenting anecdotal evidence, we will discuss empirical research on empathy.

To begin with, in modern economies, the relevance of soft skills for organizational performance in the public and private sector is increasingly gaining attention. More than ever before, we are talking about organizational culture in a way that is not primarily focused on profits, regulations, processes, and cognitive skills. To contextualize the discussion with some examples, let's take the example of some of the most profitable and biggest firms across the globe. In this table, you see the names of companies across the globe, which scored highest points in the empathy score. Isn't it fascinating? It is really a puzzling question for economists, why the most profitable and biggest firms rank so highly in empathy scores. Why firms who earn millions in profits also have very high empathy scores? Is cutthroatness not going to get you more profits? Is the rational self-interested notion of maximizing profit is not the most important? Actually, it seems to be the case that soft skills are critical in all this. It may turn out that empathy boosts profit. This occurs because empathy equips stakeholders, employees, and employers with the soft skills that allow the companies to navigate complex relationships and satisfy client needs and maintain employee trust and motivation. This empirical evidence is dispelling the view that it is being selfish and unempathetic to others that is not going to get you ahead in life. So you need to practice certain empathetic attitude, empathetic behavior, if you want a success in your professional life, as well as in your personal life. So here are a few interesting definitions of empathy from different sources. And this concept has been around for a while. Various religious beliefs teach us that it is something that we should practice as human beings toward others. There are different definitions of empathy in academic literature. Since there seems to be no universally agreed upon definition of empathy, we do not want to go into nitty gritty of each and every specific definition of empathy. But in a nutshell, empathy is putting yourself in another shoes. So the question is why empathy matters. It matters because the skill of empathy can help you succeed in your professional life. It can boost your performance. This is to say that empathy influences overall organizational performance and at individual level it also influences individual performance and well-being at work base. And that is why recent research is paying more and more attention to investigate the effect of empathy on others. As we just saw in the previous slide, companies integrate empathy into their business strategies because they think it will help them to provide better services to their clients. But we don't want to really delve too much into the private sector, but to bring it back to our context of the importance of empathy for civil servants. Empathy is important for

civil servants because public service organizations are challenging workplaces. These places can be subject to emotionally demanding situations. You face demands of politicians, you face demands of colleagues, you face demands of clients. Empathy towards yourself, towards others, and towards the citizens you serve can help you navigate the space better. It can help you at the job and it can improve services for your clients because you are consciously making an effort to empathize with their needs. You are trying to take their point of view, you're trying to understand their concerns. And this is especially relevant in a country like that of us where many people face severe hardships in daily life and depend very much upon decisions you make for them. All right, so we can find various examples of bureaucrats who are or who were known for their empathetic behavior towards others. For instance, consider the example of late Khalid Shertil, who recently passed away in a plane crash in Karachi. In his short career in civil services, he had made a name for himself as a go-getter and a person who delivered public service to the citizens. But not only Shertil's reputation was that of an honest, efficient, competent, and above all, ready to help officer, he was famous for his empathy towards colleagues and towards the citizens that he was serving. He was famous for helping his junior colleagues going extra mile when they were down and out. So here you just have one example where you have a very high performing bureaucrat who was admired by many for his devotion and performance, who is also known for his empathy. Would it be that empathy and associated skills, soft skills, may have boosted his performance and help him to deliver more? It seems so. And systematic empirical research begs the idea that empathy can improve performance. Also, a related question is why do private corporations train employees in empathy? What is in it for them? After all, there is a cutthroat competition in the corporate world for making profit. The point that I'm trying to make is, have you ever wondered why top multinational firms whose stated aim of existence is to maximize profit, why these companies are investing millions on empathy workshops? For example, at Google, every new hire is trained in a Google Empathy Lab. And in Google Empathy Lab, employees are made to put on virtual reality goggles and practice their perspective taking or empathy. The employees are encouraged to take the perspective of a homeless person and see the world from the standpoint of the less fortunate. So in the 21st century, companies like Google may be investing in empathy to improve their profit and community engagement. So I made a rather bold empirical claim based on anecdotal accounts that empathy may be good for the company's financial performance. In fact, a large body of research backs this up. For instance, in one prominent study at Stanford by Professor Zaki, this study documents that empathy is more useful than selfish behavior. It seems like a myth that being selfish is what will get you ahead, but empathy and concern for others is a key skill that those around you really cherish. Also, empirical evidence shows that empathy benefits you at different levels, at personal level, at social level, at professional level. So first, at the personal level, empathetic people are reported to be much happier than less empathetic people. Second, at the professional level, at the social level, empathetic people have more fulfilling social lives than less empathetic people. Third, in fact, empathetic managers even have higher sales. Empathetic managers are more productive and more successful. So we have briefly touched on key findings from the seminal studies on empathy that show that empathy benefits the very people who show empathy themselves. We would have time to go into detail of these studies, but I did want to give you a flavor of some cutting-edge research in this field. So we will go into detail of one of these studies, for instance, SPOT 2010. So in this research, which was

done on 436 employees in a large U.S. multinational, it was found that more empathetic managers had employees that reported to be happier, and not only happier, they had much better sales. So they were measuring higher on empathy scales, and also their sales increased by 20%. Moreover, when there was a sudden introduction of a less empathetic manager, the work satisfaction, effort, and sales really reduced. So the question is, what is going on, right? So why is it that empathetic managers are not just reporting to be happier, but their employees are happier, but also they have higher sales? So what is the link that if you have an empathetic manager, so your employees are performing both on the personal level and on the professional level in a much better fashion? The answer is empathy generates trust and increases employee motivation and effort level. In a nutshell, bad bosses are bad for business. And in addition, why high stake decision makers like CEOs, elite bureaucrats, and managers need empathy is that empathy is also a social good. So we humans are social animals. Empathy is a social good, which is valued by everybody around you. If you're empathetic, your subordinate will be motivated to work with you and for you. Also, empathy is mutually beneficial. Empathy helps you bring the best out of people. Only by taking the perspective of others can you realize the bottlenecks other people face in accomplishing their task and how they may overcome them. In another study done back in 2015 on employees under 73 different bosses, the study found out that bosses who scored high on psychopathic tests had the least productive employees and sales. And as you would have guessed, nobody wants to work for bosses that are psychopaths. Right? Okay. Empathy also reduces shirking by subordinates. And there are several studies that back the idea that if the team leader is empathetic, then the whole team performs better. Empathetic leaders have better communication and trust with their employees and subordinates. Experimenters exposed empathetic style of leadership and found that the employee quantity of hours put to work increased under an empathetic leader. Psychological research is suggesting that this may be due to the moral responsibility effect. It is relatively easier to shirk and justify your bad behavior with a bad boss, not too easy with a good boss. Another research on teams and performance finds something very interesting. If you ask people on a team, who is the leader of the team? They are not likely to name the designated leader, but the effective leader who helped them out. In other words, a colleague who is empathetic to their needs, who may or may not be the designated leader. Again, humans are social enemy. Empathy begets empathy. For you probationary officers, this is of course, not a surprise. You must have heard stories of the celebrated bureaucrats, the ones that made the difference. They incidentally also were respected, not just because of their work ethic and commitment to public service, but also because of their empathy. We have discussed in this presentation that both qualitative and quantitative evidence backs the idea that empathy is good for you. It is not just the right thing to do, but also the most sensible thing to do for your performance as a civil servant. It would help you to improve your performance at the job. Just to conclude, in today's time, everyone is so pressured and the technology now means you cannot escape it. We are overscheduled, we are bombarded by input, and we now have to make an effort to do something that we used to do quite naturally as human beings. Based on this research, we can conclude that empathy is not just the right thing to do, but it is in your best interest to maintain an empathetic attitude that will help you and those around you to navigate complex relationships in an interdependent world. This was it for now. I look forward to our upcoming workshop. Good luck and thank you very much for your attention.

Table B4: Malleability Treatment Script

This lecture was entitled "Understanding Each Other: Malleability of Empathy."

I want to welcome all of you. I am your instructor to the soft skills workshop, which we are starting next week. Just to give you a brief preview of my background, I completed my PhD in Economics from Erasmus University Rotterdam. Currently, I am a faculty professor at the Lahore School of Economics. Most of my research deals with questions pertaining to the performance and efficiency of civil servants. The purpose of sending you this 15-minute presentation is to briefly walk you through some of the core concepts that will provide you with the background knowledge that is compulsory and prerequisite for the upcoming workshop next week. And before I start the presentation, the first thing that I want to do is let you feel comfortable, although this is a compulsory video, to get acquainted and as part of the required material. But there is nothing uptight about this presentation. And I am really here for your benefit. I hope this is going to be a worthwhile experience for you. Also, I would like to add that I encourage you to send your questions through email to me because, first and foremost, I want this talk to be worthwhile for you.

So, in this slide, you see the topics that headline this presentation. We will talk about what empathy is, and second, is empathy fixed. Before going in depth into the question of whether empathy is fixed in a person, I would like to mention some motivating examples that point towards the notion that empathy of a person is not immutable and is an unchangeable force of nature. After going through some motivating examples of qualitative evidence, I will discuss some recent research that shows whether empathy changes over time. We will specifically discuss research on the malleability of empathy. So, here are a few interesting definitions of empathy from different sources. This concept has been around for a while. Various religious beliefs teach us that it is something that we should practice as human beings towards others. There are different definitions of empathy in academic literature, since there seems to be no universally agreed-upon definition of empathy. I do not want to go into the nitty-gritty of each specific definition of empathy. But in a nutshell, empathy just means putting yourself in another person's shoes. It's taking the perspective of others when making a decision. So the question is, is empathy fixed? Throughout history, anecdotal accounts show that people can change in the level of empathy they show towards others. Take, for example, an example from religion: Omer, Khalid bin Walid. These are the personalities that went through a drastic transformation from enemies of Islam to the greatest champions of Islam. We can find various recent examples of people who are known for their drastic transformation into growing themselves into an empathetic personality. For instance, the example of Majid Nawaz, who went from being a terrorist to running the biggest counterterrorism organization that fights the battle against radicalization by presenting alternative narratives to radicalized people, fueled an actual diarist in jails across the world. He also wrote a book, *The Radical*, and many other examples across the world

show that people can change their level of empathy. For instance, why are we super-missed in becoming the biggest fighters for minority rights? So the question is, what is going on? These examples lead us to conclude that one can grow in empathy. So I made a rather bold empirical claim, based on the anecdotal accounts, that empathy is not fixed. In fact, a large body of research backs this up. For instance, in one prominent study at Stanford, Zacky and coauthors show empathy is not fixed in a person. Empathy is changeable and can be influenced over time. Empathy is not stable over one's lifetime. It can be developed, and it can be cultivated. Sunway after surgery also shows that the empathy of the population changes over time. An important point is that empathy doesn't come naturally in all situations. For instance, sometimes we struggle with showing empathy for someone or considering their perspective. That's okay. Empathy can be changed. If we do not feel empathy naturally, it doesn't mean that we are incapable of feeling it; empathy is changeable. And that understanding that it can sometimes be difficult to feel empathetic. Unless we really work on it, it is an important step to developing this important lifescape. Another important point is that empathy is not a constant of nature, determined by your upbringing alone; it rises and falls based on the environment around you. For instance, in the United States, most of the data is available on empathy scores. Recent empathy scores have been falling for the last 30 years. Empathy in us now is about 50% of what it was 30 years ago. Why is it falling? If it is fixed, This data really shocked and convinced many scientists and researchers that empathy is not fixed; it can change. People can grow in empathy, or they can fall in empathy. That's exactly what this graph indicates from the hard data: empathy falling over time on both scales, empathetic concern, and perspective. Taking a fixed theory is true; it should be a straight line. Essentially, it is inconsistent with the fixed empathy theory that the empathy of individuals and populations is fixed over time. This observed decline has put out of business all the psychological theories that had argued earlier that empathy was fixed. So we have briefly touched on key findings from this seminal study on empathy that show empathy is not fixed. I do want to give you some more flavor of cutting-edge research in this field. So we will go into detail about a couple of studies. For instance, In the first study, researchers gave virtual reality goggles to people and made them take on the perspective of others; for example, they saw the lines through the eyes of homeless people from the eyes of bear beggars. The level of empathy they showed to others skyrocketed, both in the survey as well as in high-stakes decisions such as helping others. Therefore, being open-minded and willing to change and learn is essential to growing in empathy and developing the skill. The research by Saki and co-authors shows that people who are most rigid in their belief that empathy cannot change in them or others are the least empathetic to begin with. People who believe that empathy is inherent and unchangeable disengage from situations where empathy is difficult for them to experience. By contrast, people who believe empathy can be developed feel less threatened by perceiving that their Patek abilities are being challenged in a difficult situation. Another study shows that resilience training increases empathy among radicalized Moroccan youth. So this really hints towards the conclusion that empathy really can change. We need to revise the notion that empathy is a fixed destiny. It is more like a journey; you can really grow yourself and cultivate yourself in this skill. So it is a puzzling question for economists: why do the most profitable and biggest firms engage in empathy workshops and waste millions if empathy is unchangeable? Can it be that companies like Google and Facebook think empathy is malleable in people? So coming back to a basic question, we

began with, Can empathy evolve in a person? Common sense stories and qualitative and quantitative evidence all point to the conclusion that empathy is malleable and it can change. Empathy is a skill that can be developed. Like any skill, it needs work; it needs an effort to understand the needs of others, not just to understand the needs of others but also to bring the best out of your subordinates. So learning the art of empathy really needs practice, or conscious practice. So lesson learned: in this brief video, both qualitative and quantitative evidence show that empathy is malleable. People learn and grow throughout life. Empathy is no different. It took time to change. It is not always easy. But if they want to, people can shape how much empathy they feel for others, but it takes practice. It needs work. Based on this short workshop video, you will be entertained by the idea that empathy can be developed and empathy can be changed. This was it for now. Thank you very much for your attention, and I look forward to welcoming all of you to the upcoming workshop.

Table B5: Joint Utilitarian and Malleability Treatment Script

This lecture was entitled "Understanding Each Other: Benefits and Malleability of Empathy."

I want to welcome all of you. I am your instructor for the soft skills workshop, which we are starting next week. Just to give you a brief preview of my background, I completed my PhD in Economics at Erasmus University Rotterdam. Currently am a faculty professor at Lahore School of Economics. Most of my research deals with the questions pertaining to performance and efficiency of civil servants. The purpose of sending you this 30 minutes presentation is to briefly walk you through some of the core concepts which will provide you with background knowledge that is compulsory and prerequisite for the upcoming workshop next week. And before I start this presentation, the first thing that I want to do is to make you feel comfortable, although this is a compulsory workshop. And this video is compulsory we do to get acquainted with the required material. But there's nothing uptight about this presentation. I'm really here for your benefit. I hope this is going to be a worthwhile experience for you. Also, I would like to add, I encourage you to send your questions through emails to me, because first and foremost I want this talk to be worthwhile for you.

Alright. So in this slide, you see the topics that sort of headlines this presentation, we will talk about what is empathy, why it matters, why we need to talk about it. Then we will discuss qualitative and quantitative evidence to underscore the significance of empathy for your performance. In the last part of the presentation, I will discuss some recent empirical research that show whether empathy changes over time. Okay, so here are a few interesting definitions of empathy from different sources. This concept has been around for a while, various religious beliefs teach us that it is something that we should practice as human being towards others. And there are different definitions of empathy in academic literature. Since there seems to be no universally agreed upon definition of empathy, we do not need to go into the nitty gritty of each specific definition of empathy. But in a nutshell, empathy is putting yourself in another's shoes. So why does empathy matter? It matters because the skill of empathy can help you succeed in your

professional life, it can boost performance. And this is to say that empathy influences overall organizational performance, as well as individual performance at the workplace. And that is why recent research is paying more and more attention to understand the impact of empathy in the workplaces. All right. So empathy is important for civil servants because public service organizations are very challenging workplaces. These are very emotionally demanding places where you face demands of politicians, you face demands of clients, you face demands of your colleagues. An empathy towards yourself towards others towards citizens, can help you navigate this space better. It can help you at the job, it can improve services for your clients, because you consciously empathize with needs, you're consciously taking their point of view, you're trying to understand their concerns. And this is especially relevant in a country like that of ours, where many people face real hardships in daily lives, and depend very much upon decisions you make for them. So we can find various examples of bureaucrats who are or who were known for their empathetic behavior towards others. For instance, consider the example of Khalid Sheikh who recently passed away in the plane crash in Karachi. In his short career in civil service, he had made a name for himself as a go-getter, who delivered public service to the citizens. But not only shared this reputation was that of an honest, efficient and competent, but also as the officer who is always ready to help. He was famous for helping his juniors going extra May when they were down and out. So here you have seen only one example, where a very high performing bureaucrat was also admired for his level of empathy. Could it be that empathy and associated soft skills may have boosted his performance and helped him to deliver? It seems so systematic empirical research backs the idea that empathy can improve performance. Also, a related question is, why do private corporations train their employees in empathy? What is in it for them? After all, there is a cutthroat competition in the corporate world for making profit. The point that I'm trying to make is, have you ever wondered why top multinational companies whose stated aim of existence is to maximize profit, while they are investing millions on empathy workshops. For instance, at Google, every new hire is screened in a Google empathy lab. In the Google empathy lab, employees are made to put on virtual reality goggles, and practice their perspective taking an empathy. The employees are encouraged to take the perspective of a homeless person and see the world from the standpoint of the less fortunate. So in the 21st century, companies like Google may be investing in empathy to improve their profits, and community engagement. So I made a rather bold empirical claim based on anecdotal accounts that empathy may be good for a company's financial performance. In fact, a large body of research backs this up. For instance, in one prominent study at Stanford, Zuckerman and co author documents that empathy is more useful than selfish behavior. It seems like a bet that being selfish will get you ahead. But empathy and concern for others is a key skill that those around you cherish. Empirical evidence shows that empathy benefits you at different levels. At a personal level, empathetic people report to be much happier than less empathetic people. Second, at a social level, empathetic people have more fulfilling social lives than less empathetic people. In fact, empathetic managers even have higher sales, empathetic managers are more productive and more successful. So we briefly touched on key findings from seminal studies on empathy that show that empathy benefits the very people who show empathy themselves. We would have time to go into detail of these studies, but I did want to give you a flavor of some cutting edge research in this field. So, we will go into detail of one of the studies. For instance, Scott in 2010, studied 436 employees in a large US multinational. It was

found that more empathetic managers had employees that reported to be happier, and not only happier but they also had more sales. Moreover, a sudden introduction of a less empathetic manager reduces work satisfaction, effort and sales. So the question is what is going on? Why is that empathetic managers are not supposed to be happier, the employees are happier, but also they have higher sales. The answer is empathy generates trust, and increases employee motivation and effort level. In a nutshell, bad bosses are bad for business. In addition, why high stake decision makers like CEOs, elite bureaucrats and managers need empathy is that empathy is also a social good. Humans are social animals. Empathy is a social good which is valued by others. If you're empathetic, your subordinates will be motivated to work with you and for you. Empathy is mutually beneficial. Empathy helps you bring the best out of people.

Only by taking the perspective of others can you realize the bottlenecks other people face in accomplishing their tasks and how they overcome them. In another study done back in 2015, with 73 bosses. The researchers found that those boss bosses who scored high on psychopaths test had least productive employees and sales. So as you would have guessed, nobody wants to work for the bosses that are psychopaths. All right, so at the end of my presentation, I want to briefly walk you through the last topic of this presentation, where we will be discussing if empathy is fixed. We will be discussing both anecdotal accounts and empirical evidence to underscore the notion that whether empathy is fixed, or it can change. All right. So throughout history anecdotal accounts show that people can change. People can change in the level of empathy they showed towards other examples from religion can be hustled Umar Khalid bin Walid, we all know about their transformation from enemy of Islam to the greatest champions of Islam. We can find various recent examples of people who are known for their drastic transformation, growing themselves into an empathetic personality. For example, consider the example of Majid Nawaz from being an international terrorist to running the biggest counterterrorism organization that fights the battle against the radicalization by presenting alternative narratives to radicalize youth, an actual terrorist in jail, across the world. He wrote this book called The radical. Many other examples across the world show that people can change in level of empathy, for instance, white supremacist in us becoming the biggest fighters of minority rights. So the question is what is going on? These examples suggest that one can grow himself in empathy. So I made a rather bold empirical claim based on the anecdotal account that empathy is not fixed. In fact, a large body of research backs this up. For instance, in one prominent study at Stanford, the researchers show that empathy is not fixed in a person, empathy is changeable and can be influenced over time. It's not stable over one's lifetime, it can be developed and it can be cultivated. survey after survey show that empathy of the population changes over time. An important point here is that empathy doesn't come naturally in all situations. For instance, sometimes we struggle with showing empathy for someone or constrain their perspective. And that's okay. Empathy can be changed. If we do not feel empathy naturally, that doesn't mean that we are incapable of feeling it. Empathy is tangible. And that understanding that it can sometimes be difficult to feel empathetic, unless we work on it is an important step to developing this important life skill. Another important point is that empathy is not a constant of nature, determined by your upbringing alone, it rises and falls based on the environment around you. For instance, in the United States, where most data is available, empathy schools have been falling over the last 30 years. For example, empathy in us now is about 50%, of what it was 30 years ago. Why is it falling? If it's fixed? This data shocked and convinced many scientists that

empathy is not fixed, it can change, people can grow in empathy, or they can fall in empathy. So that's exactly what this graph indicates through hard data that empathy falls over time. If the fix theory is true, it should be a straight line. Essentially, this is inconsistent with the fixed equity theory that empathy of individuals and populations are fixed over time. So, this observed decline has pulled out of the business all the psychological theories that have argued that earlier that empathy was fixed. We briefly touched on key findings from the seminal study on empathy that show empathy is not fixed. I do want to give you some more flavor of cutting edge research in this field. So we will go into detail of couple of studies. For instance, in the first study, researchers gave virtual reality goggles to people and made them take the perspective of others, for example, see the lives through the eyes of homeless people and beggars. The level of empathy they show to others skyrocketed both in surveys as well as high stake to see Insights is helping others. So therefore being open minded and willing to change and learn is essential to grow in empathy and develop this skill. In another seminal study from Stanford University, researchers showed that people who are most rigid in their belief that empathy cannot change in them, or others are the least empathetic to begin with. So people who believe empathy is inherent and unchangeable. They disengage from situations where empathy is difficult for them to experience. By contrast, people who believe empathy can be developed, they feel less threatened by perceiving that empathic abilities can be challenged in difficult situations. Another study shows that resilience training increased empathy among radicalized Moroccan youth. So, these examples, empirical evidence suggests that people really can change. We need to realize this notion that empathy cannot be changed. And empathy is fixed. It depends on one's family background, it depends on one's upbringing, the level of empathy in an individual is not a destiny, it's a journey, one can really work on it. So coming back to the basic question, we began with an empathy award in a person. Common Sense stories, qualitative and quantitative evidence all point to one conclusion that empathy is malleable, it can change. Empathy is a skill that can be developed, like any skill, it needs work, to understand the needs of others, and not just to best serve them, but bring the best out of your subordinate. So learning the art of empathy really needs practice. All right, so two takeaways from this presentation. Both qualitative and quantitative evidence backs the idea that empathy is good for you. It is not just the right thing to do, but also the most sensible thing to do for your performance as a civil servant. Moreover, anecdotal accounts and hard data indicate that empathy is not fixed. It is a skill that can be developed, but it needs to be nurtured. Thank you very much for your attention, and I look forward to welcoming all of you in the upcoming workshop.

Full Video, Audio along with transcripts of each treatment is also available below:

Utilitarian Treatment Full Audio, Video and Transcript (17 mins, 53 seconds): [HERE](#)

Malleability Treatment Full Audio, Video and Transcript (12 mins, 49 seconds): [HERE](#)

Combined Treatment Full Audio, Video and Transcript (17 mins, 53 seconds): [HERE](#)

Table B6: Script of the Structured Discussion Post-Lectures

Each of the four training lectures were followed by a structured discussion lasting about 10 minutes after two weeks.

Group Discussion

In the group discussion, the following structure was followed. From each lecture, 2 candidates from the workshop were randomly drawn to answer these two questions:

Candidate 1:

Q1. What do you think were the main messages of the lecture? Q2. How do you think you may apply lessons from today's lecture in your career? Give at least 3 examples.

Candidate 2:

Q1. What struck you most about today's lectures and why? Please be specific on what you think are the key takeaways of today's lectures. Q2. Can you give three examples on how the lessons of today's workshop could be applied in your official duties?

Table B7: Attrition in Blood Donation Responses

	Drop-Outs (not answering calls for blood donations)		
	(1)	(2)	(3)
Stand-alone Utilitarian (<i>U</i>)	0.0302 (0.0474)		0.0465 (0.0700)
Stand-alone Malleability (<i>M</i>)	-0.00858 (0.0346)		0.00132 (0.0523)
Joint Treatment (<i>UM</i>)	0.0102 (0.0410)		0.0197 (0.0544)
Matching Blood Request			-0.0422 (0.0470)
Matching Blood Request X Stand-alone Utilitarian (<i>U X T</i>)		-0.0181 (0.0436)	-0.0121 (0.0781)
Matching Blood Request X Stand-alone Malleability (<i>M X T</i>)		-0.0531** (0.0240)	-0.00234 (0.0628)
Matching Blood Request X Joint Treatment (<i>UM X T</i>)		-0.0540* (0.0287)	-0.0232 (0.0570)
Individual Controls	Yes	Yes	Yes
Observations	213	213	213
Mean of dep. var. (placebo)	0.083	0.089	0.099
<i>p-value</i> (test: $U = UM$)	0.635	0.409	0.693
<i>p-value</i> (test: $M = UM$)	0.496	0.971	0.698
<i>p-value</i> (test: $U = M$)	0.369	0.419	0.521
<i>p-value</i> (test: $UM = U + M$)	0.818	0.720	0.729

Note: Robust Newey-West standard errors appear in parenthesis. The dependent variable is a dummy for not answering phone calls for blood donation. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimations obtained from OLS regressions include the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies.*** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Table B8: Impact on Standardized Outcome Variables

	<i>Altruism Game</i>		<i>Charity Game</i>	
	(1)	(2)	(3)	(4)
Stand-alone Utilitarian (<i>U</i>)	0.560*** (0.203)	0.517*** (0.188)	0.364* (0.186)	0.435** (0.200)
Stand-alone Malleability (<i>M</i>)	-0.175 (0.170)	-0.189 (0.165)	-0.0319 (0.201)	-0.0410 (0.203)
Joint Treatment (<i>UM</i>)	-0.0492 (0.0875)	-0.153 (0.111)	-0.0234 (0.201)	-0.108 (0.203)
Individual Controls	No	Yes	No	Yes
Observations	213	213	213	213
Mean of dep. var. (placebo)	-0.064	-0.064	-0.083	-0.083
<i>p-value</i> (test: $U = UM$)	0.004***	0.002***	0.039**	0.007***
<i>p-value</i> (test: $M = UM$)	0.478	0.833	0.967	0.739
<i>p-value</i> (test: $U = M$)	0.004***	0.004***	0.035**	0.017**
<i>p-value</i> (test: $UM = U + M$)	0.108	0.064*	0.196	0.078*

Note: Robust Newey-West standard errors appear in parenthesis. The dependent variable is standardized to have a mean of zero and a standard deviation of one. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimations obtained from OLS regressions include the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Table B9: Mechanism - Impact of Treatments on Decision Making - Standardized

	<i>Cooperation Game</i>		<i>Coordination Game</i>	
	(1)	(2)	(3)	(4)
Stand-alone Utilitarian (<i>U</i>)	0.636*** (0.213)	0.624*** (0.229)	0.514** (0.206)	0.439* (0.223)
Stand-alone Malleability (<i>M</i>)	-0.187 (0.183)	-0.181 (0.188)	0.170 (0.182)	0.150 (0.198)
Joint Treatment (<i>UM</i>)	-0.0114 (0.168)	-0.0411 (0.186)	0.112 (0.209)	0.0948 (0.211)
Individual Controls	No	Yes	No	Yes
Observations	213	213	213	213
Mean of dep. var. (placebo)	-0.185	-0.185	-0.172	-0.172
<i>p-value</i> (test: $U = UM$)	0.001***	0.003***	0.050*	0.096*
<i>p-value</i> (test: $M = UM$)	0.269	0.423	0.750	0.770
<i>p-value</i> (test: $U = M$)	0.000***	0.000***	0.054*	0.118
<i>p-value</i> (test: $UM = U + M$)	0.085*	0.093*	0.038**	0.099*

Note: Robust Newey-West standard errors appear in parenthesis. The dependent variable is standardized to have a mean of zero and a standard deviation of one. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint Treatments. The estimations obtained from OLS regressions include the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Table B10: Exploratory Analysis – Alternative Mechanisms – Standardized

	<i>Competitiveness Game</i>	<i>Patience Game</i>	<i>Perseverance Game</i>	<i>Redistribution Game</i>	<i>Risk Aversion Game</i>	<i>Trust Game</i>
	(1)	(2)	(3)	(4)	(5)	(6)
Stand-alone Utilitarian (<i>U</i>)	0.256 (0.205)	-0.0143 (0.190)	-0.217 (0.191)	0.226 (0.258)	0.00675 (0.189)	0.359* (0.211)
Stand-alone Malleability (<i>M</i>)	0.0534 (0.203)	-0.0914 (0.232)	-0.179 (0.202)	0.241 (0.211)	-0.0626 (0.210)	-0.118 (0.208)
Joint Treatment (<i>UM</i>)	0.124 (0.204)	-0.140 (0.200)	0.0883 (0.238)	0.192 (0.182)	-0.200 (0.216)	-0.175 (0.192)
Individual Controls	Yes	Yes	Yes	Yes	Yes	Yes
Observations	213	213	213	213	213	213
Mean of dep. var. (placebo)	-0.107	0.187	0.090	-0.197	0.011	0.063
<i>p-value</i> (test: $U = UM$)	0.658	0.462	0.165	0.434	0.270	0.822
<i>p-value</i> (test: $M = UM$)	0.662	0.804	0.210	0.780	0.499	0.236
<i>p-value</i> (test: $U = M$)	0.368	0.750	0.803	0.651	0.711	0.187
<i>p-value</i> (test: $UM = U + M$)	0.677	0.907	0.096	0.171	0.534	0.683

Note: Robust Newey-West standard errors appear in parenthesis. The dependent variable is standardized to have a mean of zero and a standard deviation of one. *U*, *M* and *UM* are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimations obtained from OLS regressions include the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Table B11: Effect of Treatments on the Importance of Prosociality

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	<i>Risk Tolerance</i>	<i>Patience</i>	<i>Perseverance</i>	<i>Altruism</i>	<i>Trust in others</i>	<i>Preference for redistribution</i>	<i>Cooperation</i>	<i>Competition</i>
Utilitarian (U)	-0.120 (0.235)	-0.0200 (0.0721)	-0.0400 (0.0992)	0.0600 (0.121)	-0.120 (0.234)	0.0400 (0.112)	-0.0645 (0.0798)	-0.560** (0.228)
Malleability (M)	-0.126 (0.224)	-0.0487 (0.0735)	-0.0862 (0.107)	-0.0506 (0.129)	-0.238 (0.222)	-0.0917 (0.128)	-0.104 (0.0849)	-0.338 (0.231)
Joint Treatment (UM)	-0.304 (0.225)	-0.0331 (0.0725)	0.01000 (0.0961)	0.132 (0.112)	-0.0723 (0.225)	-0.0122 (0.120)	-0.0361 (0.0817)	-0.937*** (0.206)
Individual Controls	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Observations	205	205	204	205	205	204	203	203

Note: Robust Newey-West standard errors appear in parenthesis. Dependent variables in Columns 1-8 are a rating on a scale of 1 to 4 with 1 being “not important at all” and 4 being “very important” on different traits with the statement “*How important do you think the following traits are? Risk tolerance, patience, perseverance, altruism, trust in others, preference for redistribution, cooperation and competition.*” U, M and UM are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimates are the OLS regressions with the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. *** $p < 0.01$, ** $p < 0.05$, * $p < 0$

Table B12: Average Effect Sizes estimates - Summing Up

	<i>Altruism</i>	<i>Perspective Taking</i>	<i>Field Measures</i>	<i>Policy Assessments</i>
	(1)	(2)	(3)	(4)
Stand-alone Utilitarian	0.914*** (0.235)	0.519*** (0.152)	0.534*** (0.120)	0.377*** (0.125)
Stand-alone Malleability	-0.256 (0.234)	-0.022 (0.140)	0.095 (0.115)	-0.025 (0.108)
Joint Treatment	-0.244 (0.169)	0.023 (0.142)	0.117 (0.115)	-0.068 (0.098)
Observations	213	213	207	213

Note: All estimates are average effect size estimates. In Column (1), Altruism is based on normalized dictator and charity games. Column (2) summarizes Perspective Taking which is based on coordination and cooperation games. Column (3) compiles our Field Measures which are based on dummies for blood donations, for setting up an appointment to donate blood, orphanage field visit and volunteering in impoverished schools. Column (4) contains the average effect of Policy Assessments that is based on soft skills, teamwork, and research methods assessments. U, M and UM are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. The estimations are average standardized effect size using the seemingly unrelated regression framework to account for covariance across estimates. The following controls are: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits, and occupational group dummies. Standard errors in parentheses are clustered at individual level. Robust standard errors appear in parenthesis. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Table B13: Randomization Inference – With right-tailed p-values

	(1)	(2)	(4)	(5)	(6)	(7)
	<i>Altruism Game</i>	<i>Charity Game</i>	<i>Soft-Skills Assessment</i>	<i>Agreement to Donate</i>	<i>Appointmen t to Donate</i>	<i>Orphanage Visit</i>
Stand-alone Utilitarian (U)	0.060 (0.004) *** {0.010} ***	0.223 (0.015) ** {0.010} ***	0.183 (0.021) ** {0.002} ***	0.213 (0.028) ** {0.015} ***	0.261 (0.005) *** {0.004} ***	0.494 (0.001) *** {0.000} ***
Individual Controls	Yes	Yes	Yes	Yes	Yes	Yes
Observations	213	213	213	207	207	213
Mean of dep. var. (placebo)	0.498	0.604	0.509	0.216	0.176	0.264

Note: p-values corresponding to clustered standard errors at individual level appear in parenthesis, while the right-tailed p-values from permutation inference are reported in curly brackets. U is a dummy variable indicating randomly assigned Utilitarian treatment. All estimations include the following controls: written test scores, interview test scores, gender, birth in political capitals, asset ownership, income before joining civil service, age, education, foreign visits and occupational group dummies. M and UM i.e. Malleability and Joint treatment lectures are also added as controls as in the baseline specification. *ritest* in Stata is implemented with 1000 iterations to perform the permutation inference test. *** p<0.01, ** p<0.05, * p<0.1.

Table B14: Adjusting Multiple Hypothesis Testing

	Altruism Game	Charity Game	Cooperation Game	Coordination Game	Competition Game	Patience Game	Perseverance Game	Redistribution Game	Risk Aversion Game	Trust Game	Appointment to donate
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Stand-alone Utilitarian (<i>U</i>)	0.060	0.223	0.138	0.072	0.124	-0.001	-0.066	0.010	0.002	0.495	0.261
p-value	(0.004)***	(0.015)**	(0.005)***	(0.040)**	(0.189)	(0.937)	(0.238)	(0.370)	(0.971)	(0.076)*	(0.005)***
Sharpened q-value	[0.060]*	[0.126]	[0.060]*	[0.300]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[0.553]	[0.060]*
FWER p-value	{0.144}	{0.225}	{0.144}	{0.366}	{0.902}	{1.000}	{0.941}	{0.990}	{1.000}	{0.562}	{0.145}
Stand-alone Malleability (<i>M</i>)	-0.022	-0.004	-0.040	0.025	0.026	-0.009	-0.055	0.010	-0.016	-0.163	-0.028
p-value	(0.237)	(0.962)	(0.317)	(0.419)	(0.782)	(0.684)	(0.358)	(0.237)	(0.758)	(0.554)	(0.729)
Sharpened q-value	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]
FWER p-value	{0.941}	{1.000}	{0.981}	{0.995}	{1.000}	{1.000}	{0.987}	{0.941}	{1.000}	{0.999}	{1.000}
Joint Treatment (<i>UM</i>)	-0.018	-0.040	-0.009	0.016	0.060	-0.014	0.027**	0.008***	-0.051***	-0.241***	0.002***
p-value	(0.154)	(0.666)	(0.818)	(0.638)	(0.525)	(0.468)	(0.698)	(0.279)	(0.336)	(0.344)	(0.981)
Sharpened q-value	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]	[1.000]
FWER p-value	{0.835}	{1.000}	{1.000}	{1.000}	{0.998}	{0.998}	{1.000}	{0.965}	{0.987}	{0.987}	{1.000}
Sample Size	213	213	213	213	213	213	213	213	213	213	213

Note: The baseline p-values corresponding to robust standard errors clustered at individual level appear in parenthesis, Anderson's sharpened q-values appear in square brackets, and List et al. (2019) FWER adjusted p-values appear in curly brackets. The adjusted p-values are computed under the most strident criteria possible i.e. nesting all 36 outcomes in a single family. The dependent variables for all games are normalized to an index between 0 and 1. U, M and UM are dummy variables indicating randomly assigned Utilitarian, Malleability and Joint treatments. *** p<0.01, ** p<0.05, * p<0.1

Table B15: Robustness Check – Robustness Check – Design Analysis

		True Effect Size / Estimated Effect Size				
		(1)	(2)	(3)	(4)	(5)
		100%	75%	50%	25%	12.5%
<i>Table 2 Estimates of U Effect</i>						
Col 2: 0.0602*** (0.0219)	Type S Error	0.000001	0.0000535	0.0015291	0.0384268	0.16695
	Type M Error	1.130	1.368066	1.877742	3.518828	6.918589
Col 4: 0.203** (0.0954)	Type S Error	0.0000384	0.000526	0.0066947	0.0765364	0.2237361
	Type M Error	1.324934	1.638602	2.343	4.498049	8.860003
<i>Table 3 Estimates of U Effect</i>						
Col 1: 0.213** (0.0990)	Type S Error	0.0000341	0.0004827	0.0063317	0.0745994	0.2213441
	Type M Error	1.31429	1.625218	2.318368	4.439929	8.706265
Col 3: 0.261*** (0.0951)	Type S Error	0.000001	0.0000544	0.0015453	0.0386176	0.1673068
	Type M Error	1.135224	1.348737	1.867235	3.546227	6.844305
Col 5: 0.494*** (0.0942)	Type S Error	2.92e-13	1.94e-09	3.09e-06	0.002071	0.0443306
	Type M Error	1.002201	1.013124	1.160564	1.941738	3.689501
Col 6: 0.236** (0.103)	Type S Error	0.0000169	0.00029	0.00455	0.0640373	0.2075745
	Type M Error	1.262471	1.55429	2.192688	4.17772	8.227695
<i>Table 4 Estimates of U Effect</i>						
Col 2: 0.476** (0.189)	Type S Error	0.0000106	0.0002071	0.0036595	0.057871	0.1988761
	Type M Error	1.234378	1.511277	2.123128	4.061346	7.944997
Col 4: 0.0602** (0.0219)	Type S Error	0.0000272	0.0004094	0.0056897	0.0710139	0.2168132
	Type M Error	1.293593	1.6033	2.294495	4.389435	8.537121
Col 6: 0.115 (0.210)	Type S Error	0.071504	0.1276664	0.2174408	0.3452093	0.4206604
	Type M Error	4.390875	5.756453	8.662965	17.14997	34.3918
<i>Table 5 Estimates of U Effect</i>						
Col 2: 0.138** (0.0504)	Type S Error	1.68e-06	0.0000557	0.0015691	0.0388973	0.1678281
	Type M Error	1.14063	1.356588	1.880845	3.582784	6.900623
Col 4: 0.0719* (0.0365)	Type S Error	0.0000843	0.0009324	0.0097082	0.0907083	0.2401985
	Type M Error	1.401949	1.771854	2.538932	4.885497	9.527714

Note: For each estimated effect size and standard error of the Stand-alone Utilitarian (U) training, we estimate further the probability of a sign error (Type S Error) and the potential exaggeration ratio in effect size (Type M Error) following the procedure proposed by Gelman and Carlin (2014), by considering the true effect size to be 100%, 75%, 50%, 25% and 12.5% of the estimates in our paper.

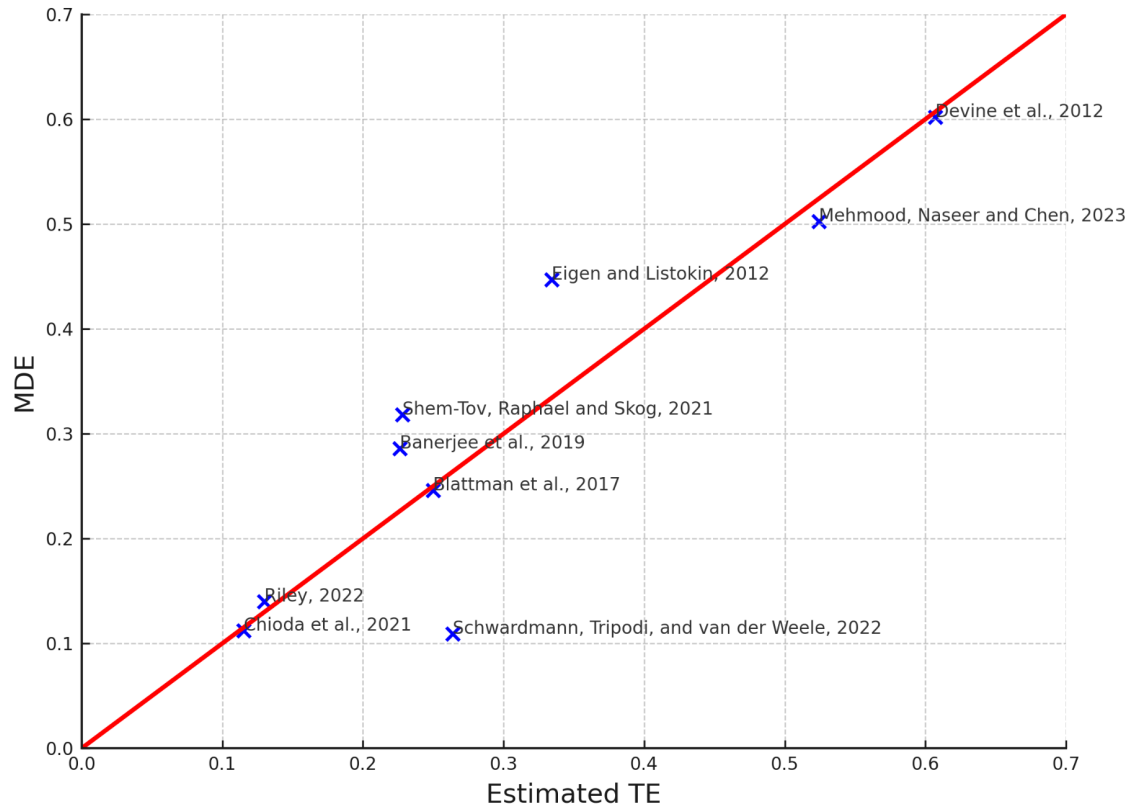
Table B16: Minimum Detectable Effects (MDE) across Relevant Studies

Paper	Intervention	Sample Size	Main Results	MDE	TE
Devine et al., 2012	A multi-faceted prejudice habit-breaking intervention.	91 non-Black introductory psychology students (67% female, 85% White), with 53 in treatment group and 38 in control.	Following the manipulation, treated participants had 0.19 lower IAT scores (equal to -0.607 SD, with std SE 0.215) than control group participants.	$0.215 * 2.8 = 0.602$	-0.607 SD
Riley, 2022	Female role-model building intervention involving cinema screening of the movie <i>Queen of Katwe</i> .	In the S4 class, 391 treated and 342 controlled. In the S6 class, 370 treated and 341 controlled.	For upper secondary school students, treatment 1 month before their exams results in an increase in their total exam score of 0.13 (se 0.05) standard deviations.	$0.05 * 2.8 = 0.14$	0.13 SD
Banerjee et al., 2019	Edutainment treatment screening TV series MTV <i>Shuga</i> .	54 screening centers that showed Shuga (treatment) and 26 that showed a “placebo” TV series. Among the attendees 63 people per center were randomly selected.	<i>Shuga</i> intervention reduced men’s positive attitude towards gender-based violence (GBV) by 0.226 SD (se 0.102).	$0.102 * 2.8 = 0.286$	-0.226 SD
Eigen and Listokin, 2012	Randomly assign law school students to the role of petitioner or respondent in moot court competitions.	77 participants were assigned to respondent role and 96 to petitioner.	Being randomly assigned to the role of petitioner is associated with a -0.3343 SD (se 0.1597) decrease in the merits-based and moral confidence differential.	$0.1597 * 2.8 = 0.4472$	-0.3343 SD
Schwardmann, Tripodi, and van der Weele, 2022	Randomly assign experienced and motivated debaters to argue one side of a topical motion at international debating competitions.	473 debaters.	0.264 SD (se 0.039) gap in pre-debate factual beliefs between proposition and opposition debaters.	$0.039 * 2.8 = 0.1092$	0.264 SD
Shem-Tov, Raphael and Skog, 2021	Eligible youths were randomly assigned to participate in the Make-it-Right (MIR) restorative justice program or a control group where they faced standard criminal prosecution.	143 youth, 99 were assigned to MIR, and 44 faced regular felony prosecution.	After 1 year, the likelihood of rearresting of the MIR participants decreased by 0.228 (se 0.111), and after 4 years by 0.363 (se 0.165).	$0.111 * 2.8 = 0.318$ $0.165 * 2.8 = 0.462$	0.228 SD 0.363 SD
Blattman et al., 2017	A combination of Cognitive Behavioral Therapy (CBT) and unconditional cash transfers. The CBT aimed to reduce self-destructive beliefs or behaviors and promote positive ones.	999 high-risk men from Monrovia, Liberia were recruited. Average age 25, nearly 8 years of schooling, and a majority were involved in low skill labor and illicit work.	After one year, therapy alone led to a 0.25 SD (se 0.088) fall in antisocial behaviors, while therapy plus cash led to a 0.31 SD fall (se 0.089).	$0.088 * 2.8 = 0.246$ $0.089 * 2.8 = 0.249$	0.25 SD 0.31 SD

Barrera-Osorio et al., 2020	Vocational training programs with an emphasis on either social skills or technical skills, and a randomized stipend to cover transportation and meals costs.	663 individuals registered for the courses, 451 were assigned to training and 212 to the control group.	Vocational training increased employment by 2.16 days per month (se 1.09)	$1.09 * 2.8 = 3.052$	2.16 SD
Chioda et al., 2021	Skills for Effective Entrepreneurship Development (SEED) program, which includes hard skills and soft skills training.	Initially, 4,400 youth were sampled from a nationally representative sample in Uganda, with random assignment to two treatments or a control group.	Conscientiousness increased by 0.115 SD (se 0.04)	$0.04 * 2.8 = 0.112$	0.115 SD
Mehmood, Naseer and Chen, 2023	Deputy ministers were randomly assigned to one of the four altruism training treatment arms.	213 junior ministers, with 53 in utilitarian treatment, 54 in malleability treatment, 53 in joint utilitarian and malleability treatment and 53 in placebo.	Stand-alone Utilitarian (U) is associated with 0.5242216 SD (se 0.179515) increase in altruism.	$0.179515 * 2.8 = 0.502642$	0.5242216 SD

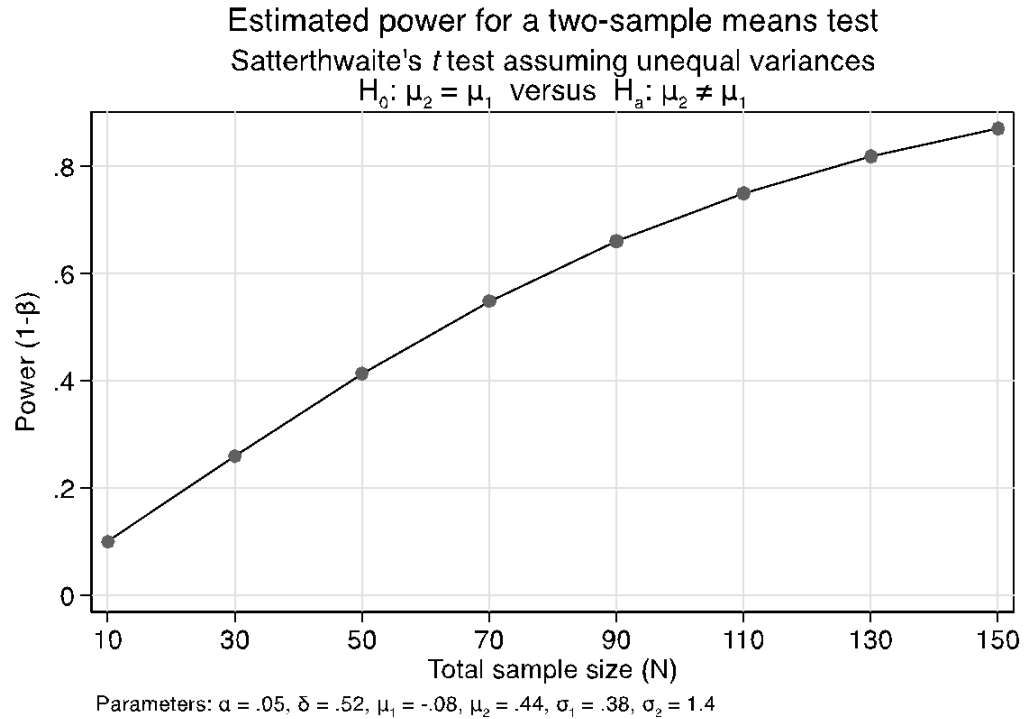
Note: Table B16 above presents the effect sizes and the ex-post MDEs from the main results across related shifting interventions. Here the MDEs are calculated according to the standard errors of the (standardized) treatment effect estimates, assuming a two-sided statistical test with a significance level of 0.05 and power of 80%. By comparing the standardized effect sizes, we can see that the effect size in our paper (0.52 SD) is the second largest among the selected studies, next to the prejudice correction effect in Devine et al. (2012).

Figure B1: Minimum Detectable Effects (MDE) across Relevant Studies



Note: The graph presents the minimum detectable effects (MDE) calculated as $2.8 \times SE$, against the estimated treatment effects (standardized) across different studies.

Figure B2: Ex Post Calculation for the Minimum Sample Size Needed



Note: The graph presents the minimum required sample size for detecting a difference with the size of the main estimated effect (0.5242216 SD) in altruism between the treatment and control, given the desired power level. The parameters include the pre-treatment means and standard deviations of altruism for both officers in the Stand-alone Utilitarian (U) training group and those in control group.