

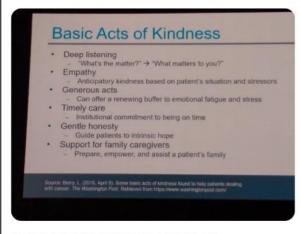
Kindness in healthcare

Dr Bob Klaber @bobklaber

Consultant paediatrician and Director of strategy, research & innovation Imperial College Healthcare NHS Trust, London, UK



My growing reflection that we have been too apologetic about kindness, compassion, empathy "I know it is soft & fluffy but it is important..." Kindness is the BUSINESS end of healthcare. We need to start with it. Love this from @maureenbis @donberwick @ProfLenBerry @QualityForum



DrDominiqueAllwood and 5 others

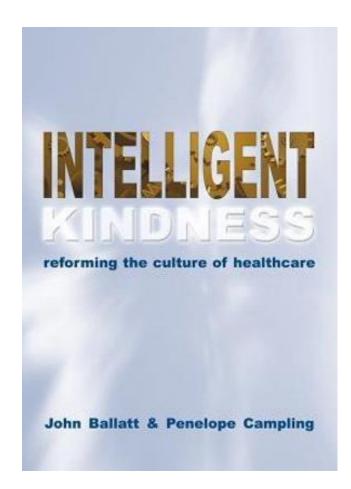
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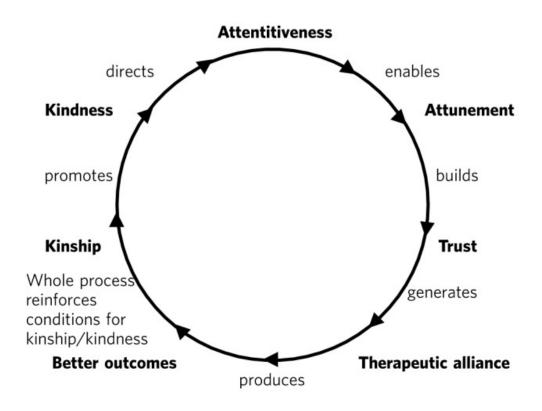
II View Tweet activity

268 Retweets 624 Likes

Institute of Medicine - 2001 (US)











Kindness, emotions and human relationships: The blind spot in public policy

Julia Unwin, Carnegie Fellow

The two lexicons of public policy:



Balanced Fair Safe Transparent MOTIVE

TOOLS

RISKS

OUTCOMES

Scrutiny
Value for money
Boundaries
Targets
Evidence
Data
Accountability

Arid and sterile Gaming targets Declining trust Detachment

Systems and processes
Professional codes



Connection Individual Hope Personal change

Wellbeing
Desire
Friendship
Spontaneity
Discretion
Intuition
Warmth
Story telling
Metaphor

Populist responses
Difficulty in explaining
Favouritism

Relationships Trust Challenge

Role of kindness in cancer care

Len Berry et al

Six types of kindness were identified:

- 1. deep listening
- 2. clear empathy
- generous acts of discretionary effort that go beyond what patients and families expect
- 4. timely care that reduces stress and anxiety
- 5. gentle honesty in discussions and conversations
- 6. thoughtful support for families and carers.

Compassionate leadership

Compassionate leadership for compassionate health and care services during the crisis and in the future

- Attending: paying attention to staff 'listening with fascination'
- Understanding: shared understanding of what they face
- Empathising
- Helping: taking intelligent action to serve or help

West, M. S., & Chowla, R. (2017). Compassionate leadership for compassionate health care. In P. Gilbert (Ed.). Compassion: concepts, research and applications. London: Routledge, 237-57.

COMPASSION OMICS

THE REVOLUTIONARY
SCIENTIFIC EVIDENCE
THAT CARING
MAKES A DIFFERENCE



STEPHEN TRZECIAK ANTHONY MAZZARELLI

Foreword by SENATOR CORY BOOKER

Psychological safety

Google's Project Aristotle

2 years, 180 teams & 37,000 employees

Impact

• Team members can see and feel that their work matters & leads to change

Meaning

• Work is personally important to team members

Structure & Clarity

 Team members have clear roles, and their work has clear aims, measures and plans

Dependability

Team members deliver high quality work

Psychological Safety

• Team members feel safe to take risks and to be vulnerable in front of each other



Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth

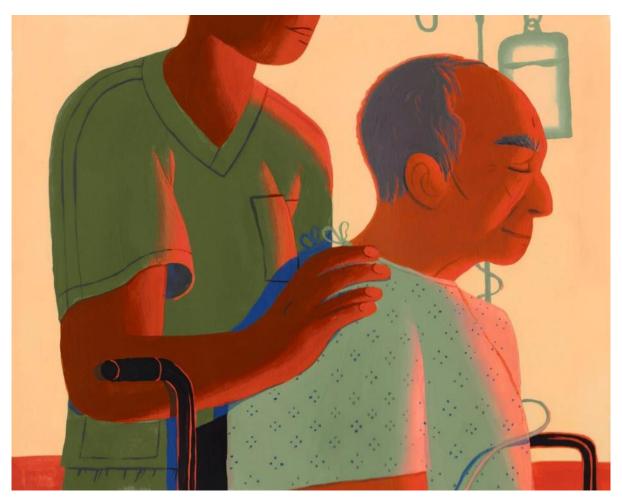
Amy C. Edmondson

WILEY

Mission / Purpose / Meaning



Mission / Purpose / Meaning



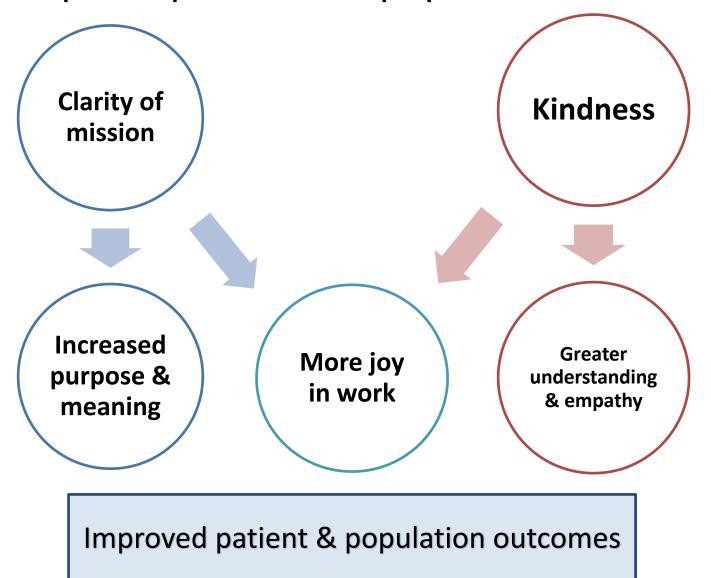
Celia Jacobs

Our collective leadership challenge:

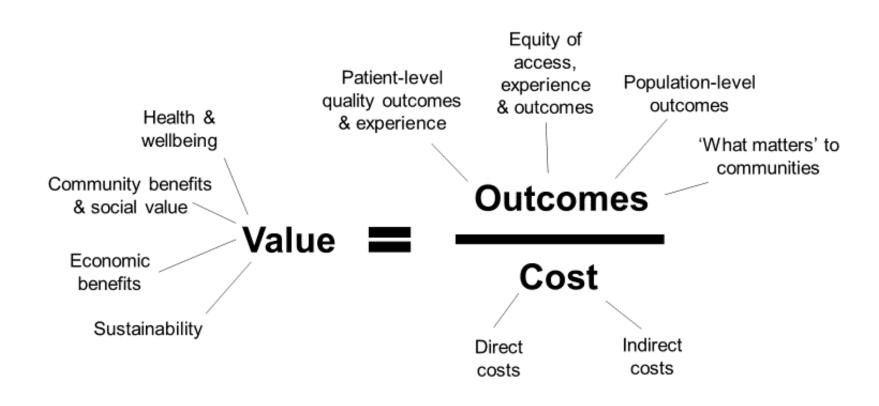
To reconnect healthcare with its mission & purpose



How kindness & reconnecting with our mission will improve patient and population outcomes



Broadening our thinking on measuring value & 'ROI'



Our values and behaviours

Kind

Collaborative

Aspirational



Kind We are considerate and thoughtful so everyone

1	4	Δ
	TT	

Expert

Collaborative We actively seek others' views and

feels valued, respected and included		ideas so we achieve more together			
Love to see	Expect to see	Don't want to see	Love to see	Expect to see	Don't want to see
Always go out of your way to make others feel welcome	 Make eye contact, smile, and introduce yourself 	 Ignore or avoid others: appear unapproachable, rude, abrupt or moody 	Encourage and support others to find better ways of working within and across teams	 Work as part of a team; co-operate and engage with colleagues and partners 	Exclude others and work in isolation; resist others' attempts at collaboration
 Proactively offer help and support to patients, visitors and colleagues; 'go the extra mile' for others 	 Help patients, visitors or colleagues who seem lost or confused; if you can't help, find someone who can 	Make others feel they are a burden; be unhelpful; ignore visitors who are lost	 Proactively seek diverse views and feedback in all aspects of your work 	 Respect others' expertise and value advice; involve others in the development of ideas and projects 	Disregard others' expertise or views; ignore or dismiss ideas; avoid seeking input
Make time to actively listen and respond, even when busy; tailor your approach to the individual and 'listen with fascination'	Listen to others attentively and with patience; show empathy	 Appear disinterested, distracted or dismissive; talk over others 	Develop genuine and generous partnerships with others, internally and externally, to achieve a common goal	 Respond and contribute to partnerships and collaborations to achieve a common goal 	Act in your own interests or to the detriment of other teams or partners to achieve your own goals
Help others to challenge unkind or disrespectful behaviour and to understand its impact	Constructively challenge unkind or disrespectful behaviour	Condone or ignore disrespectful or unkind behaviour in others; fail to challenge it directly or indirectly	Create a culture of proactive, tailored and transparent communication	Openly and freely share information with others	 Provide incomplete or inaccurate information; withhold information
Understand and respond to the diverse needs of patients, visitors and colleagues – show you value their time	 Treat everyone as an equal and a valued individual; see things from others' points of view 	 Ignore others' feelings or needs; make others feel bullied, excluded, belittled or judged 	Be generous with your time and actively make yourself visible and available to others	Respond positively to requests for help or support from others	Be elusive or hard to contact; fail to respond to others in a timely or positive way



· Actively inspire and

encourage others to act

in line with best practice

· Role model continuing

others to do the same;

be generous with your

· Promote a culture of

knowledge and networks

delivery; highlight issues,

challenges and risks in

delivery and help find

solutions and mitigations

Consider and seek to reduce

resources or the environment:

negative impacts on cost.

responsibly and always act

development and encourage

Expert

We draw on diverse skills, knowledge and experience so we provide the best possible care



Aspirational thinking, so we never stop learning, discovering and improving

- · Actively help others to identify improvements and find solutions to problems, focusing on outcomes
 - · Initiate improvements and look for opportunities to learn from others
- · Resist or avoid change because 'we've always done it this way'
- . Create a culture where achievement is proactively identified and celebrated
- Recognise and celebrate achievement

- . Fail to notice or appreciate others' efforts or achievements

- · Promote and role model reflection and learn openly with others
- · Build in reflection and learning to support daily
- · Fail to make time for learning and reflection; show little or no interest in learning from incidents,

. Promote a culture of feedback and role model high quality feedback conversations as part of daily

and bring a positive

mindset to new ideas

practice

- Ask for, listen to and accept feedback to improve performance and practice
- patients or best practice . Avoid asking for or being open to feedback: defensive when it is offered

- . Show disregard for resources, time and
 - Take proactive steps Support improvement to contribute to wider initiatives in your own improvement initiatives role or team
- · Have a cynical or negative mindset towards improvement initiatives or change



Leading change through vision, values and behaviours



- encourage others to do the opportunities in every aspect
 - methodology to tackle problems and make improvements

. Understand and comply

and reporting

with policies, procedures

· Demonstrate competence

and know the limits of

your knowledge

commitments

in current practice, be sure

of your facts and opinions

. Do what you say you will do

. Use money, time and other

sustainably as possible

resources as efficiently and

and strive to deliver on your

 Fail to recognise or act on opportunities for improvement

· Ignore best practice,

short cuts

practices

facilities

policies and procedures;

· Make no attempt keep

knowledge and best

up to date or maintain

· Fail to follow through on

deadlines and neglect to

highlight actions when

commitments; miss

take unwarranted risks or

April 2019

of your work



Kind

We are considerate and thoughtful so everyone feels valued, respected and included

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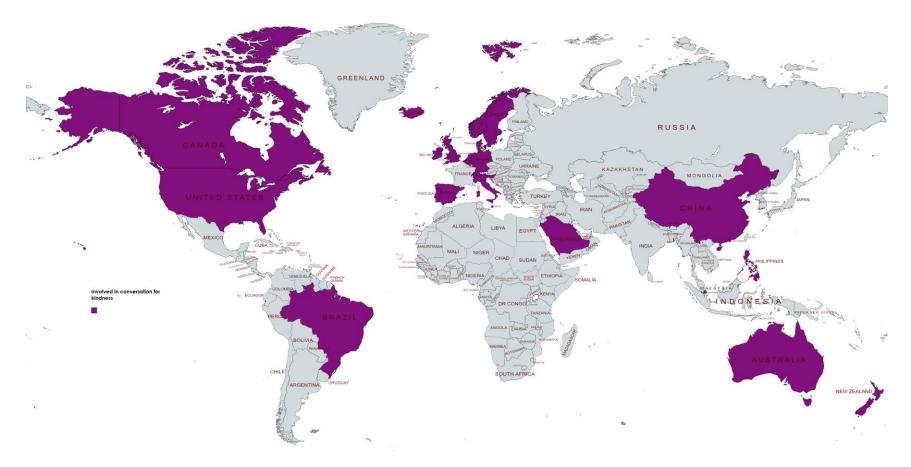
Our conversation for kindness

- Monthly call on 3rd Thursday of the month [6-7pm GMT]
- Listening, learning, thinking differently and mobilising for action
- Sharing of resources, energy and ideas
- Everyone very welcome

The sessions are facilitated & convened by:

- Bob Klaber, Imperial College Healthcare NHS Trust; England
- Maureen Bisognano, Institute for Healthcare Improvement (IHI); USA
- Gabrielle Mathews, Youth Expert Advisor, NHS England and NHS Improvement; England
- James Mountford, Royal Free NHS Foundation Trust; England
- Suzie Bailey, The Kings Fund; England
- Göran Henriks, Region Jönköping; Sweden
- Anette Nilsson, Region Jönköping; Sweden
- Dominique Allwood, Health Foundation & Imperial College Healthcare NHS Trust; England
- Cath Crock, Royal Children's Hospital Melbourne & Hush Foundation, Australia
- Nicki Macklin, University of Auckland, New Zealand

Contributors from 29 countries so far



Denmark, Saudi Arabia, Norway, Singapore, England, Faroe Islands, Italy, USA, Scotland, Canada, Northern Ireland, Ireland, Sweden, Belgium, Netherlands, Iceland, Australia, Wales, Germany, Hong Kong, Spain, Slovenia, Malta, Brazil, Philippines, New Zealand, Portugal, Switzerland, China

With sessions facilitated by: Bob Klaber (Nov 20); Anette Nilsson, Goran Henriks & Shane Carmichael (Dec); Lydia Paris, Ben Thurman & Jo Vigor (Jan); James Mountford, Maureen Bisognano & Vibeke Rischel (Feb); Brigid Russell & Charlie Jones (March); Jo Moore & Susan Edgman-Levitan (April); David Fryburg (May); Len Berry (June); John Ballatt (July); Meg Moorman (Aug); Bob Klaber (Sept), WMTY team (Oct), Nigel Acheson (Nov), Paul Batalden (Dec), Simon Anderson (Jan), Chris Turner (Feb), Nicki Macklin (March 22) & Miriam Fine-Goulden; Anna Hatchard & Faz Chharawala booked in

Eight themes emerging from our discussions

Kindness is a choice of action

- being kind stimulates more kindness

There is a strong therapeutic role for kindness

Challenging unkindness is a crucial part of the story

Small acts of kindness can have a big impact

Kindness has to be at the business end of healthcare

Kindness links to (and leads to) so much else

Leading with & for kindness - we can together grow kindness

If you would like to join the conversation, please email me: bob.Klaber@nhs.net

A moment of reflection & a commitment to action:

What am I going to do to increase the focus on kindness and to reconnect myself and my colleagues with the real mission in healthcare?

