

Conversation for Kindness

**Kindness: big and little acts to try**

November 2022

# Context

## About the movement

[Conversation for Kindness](#) is a monthly meeting that was set up in the summer of 2020 by eight colleagues and friends working in healthcare across Sweden, the UK and the USA: Bob Klaber, Dominique Allwood, Maureen Bisognano, Goran Henriks, Suzie Bailey, Anette Nilsson, Gabby Matthews and James Mountford. The purpose of the meeting was to have some time together to continue some initial conversations around kindness, and its role at the 'business end' of healthcare, and to plan interactive workshops on this topic.

## Conversations for Kindness:

- Monthly virtual call on the third Thursday of every month (6-7pm GMT)
- A focus on listening, learning, thinking differently and mobilising for action
- An open culture of sharing of resources, energy and ideas

If you would like to join the conversation for kindness, please complete the [contact form](#).

# On the day

On 17 November, about **47** Kindness in Healthcare community members came together to connect and discuss practical ways, both big and small, to show kindness in work environments (specifically in healthcare).

**Maureen Bisognano** and **Gabby Matthews** led the conversation, sharing thought-provoking insight into different acts of kindness we can try. We then discussed our own experiences of giving and receiving kindness at work, including reflecting on what we did and how it made us feel. To conclude, **Cath Crock** gave a summary of the hosting the Gathering of Kindness in Melbourne.

This insights pack summarises the session



## Kindness – Big and Little Acts to Try

A conversation for kindness in health & care

Maureen Bisognano, President Emerita & Senior Fellow - IHI  
Gabby Matthews, Youth Expert Advisor – NHS England

[Watch the event on YouTube](#) 

# Participants joined from all over the world

“Mōrena everyone from Rotorua New Zealand!”

“Hello everyone from Jönköping”

Denmark

United States of America

New Zealand



Australia

Sweden

United Kingdom

“Hi. Really happy to be here this evening. I'm joining from Fife in Scotland”

“Good morning from Sydney Australia”

“Good evening from sodden Hampshire!”

# The conversation

## Kindness – Changes to Try

From:	To:
Little things	Big things
Living with our hierarchy	Respecting and enhancing the profession
Treating everyone equally	Asking what matters to each person
Struggling with your feelings	Microaffirmations
Asking only patients What Matters To You (WMTY)	Asking your team What Matters to them
Excellent clinical care	Understanding Social Determinants of Health (SDoH)
Big things	Little things

Maureen and Gabby introduced a framework to provoke thinking about important acts of kindness and how these can in turn improve the health of people all over the world. Maureen highlighted the importance of **showing kindness as colleagues** in the healthcare workforce and talked about how individualising (understanding what matters to each person) can make a profound difference.



**Maureen Bisognano**  
President Emerita and Senior Fellow,  
Institute for Healthcare Improvement



**Gabby Mathews**  
Youth Expert Advisor - NHS England

# The conversation

Using **micro affirmations** in everyday interactions was identified as a way to build kindness into your daily work. Maureen shared an example of one such act of kindness, a ‘mangomoment’ - a phrase that is now used to describe the small acts or gestures of kindness that are of great value in the care experience of patients, family and healthcare professionals.

Maureen explained the movement of asking **‘What Matters To You’** (WMTY) to staff and patients alike, amid a world and system that is constantly changing around us. We can ask, listen and then do what matters most for that person, working to keep WMTY at the centre of what we are doing. A matrix was shared to help conceptualise this, created using data from organisations around the world from people who were asked what mattered most. Many of the things that people identify as what matters to them are small, easily accomplished acts that require little time or energy, just a little thoughtfulness and caring. These things may take us minutes to achieve for our patients or those around us, it can make a huge difference to that person’s comfort, experience of care, or of work.

***“You can’t give what you don’t have”***

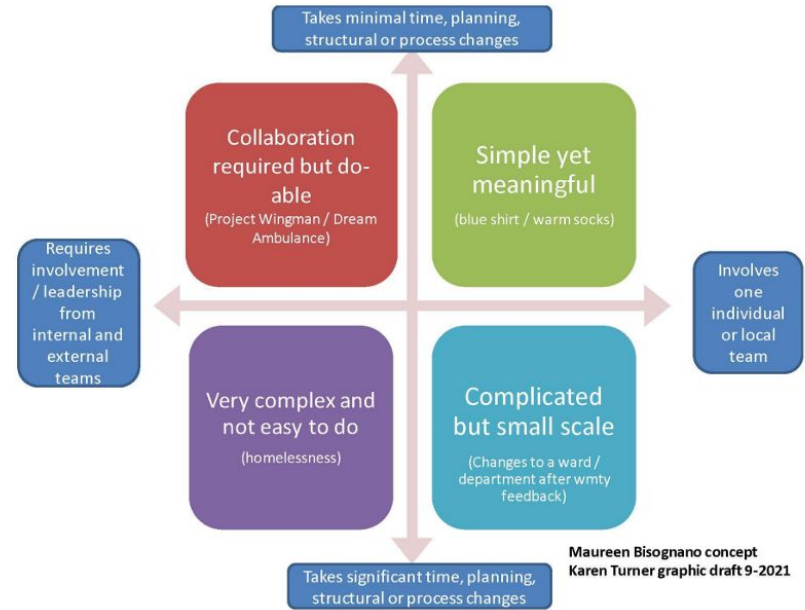
The ability to show kindness has to start with showing kindness to ourselves.

# The conversation

Maureen also outlined a concept diagram explaining the spectrum of big and small acts of kindness in terms of effort and time, which we know to be a commonly perceived barrier to choosing whether to act in kind ways or not. This helped us to unpack how acts of kindness can vary according to need, but also our own capacities. A key takeaway was that most acts of kindness require very little from us yet choosing to commit to those acts can make a huge difference to those around us.

Maureen led us through examples of projects based on WMTY - as a movement it has grown substantially, and is now operating in hospitals and health care systems across 50 different countries around the world, involving more than 2,000 health care teams. The examples highlighted the effectiveness of asking WMTY and how it was able to change staff processes and practices, improve connections between staff, and with patients, improve patient experience, and contribute to finding joy in work for staff.

Maureen ended her presentation with a personal story of her sister-in-law Claudia's journey through terminal illness, and how important it really is to keep asking, 'What Matters to You?'



# Group reflections

We were first asked to individually reflect on the question: *“What are the kindnesses that you are see that have made a difference [when working in healthcare] or what are the kindnesses you would like to see?”*

**Adrienne:** “We put posters up in patients rooms at Cleveland Clinic called “Care to Share” so that the caregivers or family or staff could scribble something special about the patient and share something about themselves. Studied it. Both populations loved it and found things in common. Created some magical moments.”

**Sue:** “You can’t move forward without being vulnerable. Vulnerability is like a connector.”

**Nicki:** “If it comes from the heart it might reach the heart...”

**Hesham:** shared his recent experiences of role modelling and showing kindness within his wider team, including the administration of the hospital. He identified the importance of introducing oneself, of truly listening, and expressing gratitude explicitly for people’s efforts and roles within the wider team.



# Group reflections

We were first asked to individually reflect on the question: *“What are the kindnesses that you are see that have made a difference [when working in healthcare] or what are the kindnesses you would like to see?”*

**Bruce:** “I think part of the problem is if you are not led in a respectful, relational way and it’s all transactional, then that’s how people tend to behave and then patients start to become transactional as well...talking to human beings and listening to them and finding out what is important to them, what matters to them and what they want, that breaks that cycle.”

**Caroline:** “It’s about getting rid of those blockers, what stops us being kind?”

**Nancy:** “Fear of unreciprocated kindness can really take hold and debilitate. I speak as a former NHS co-ordinator.”

**Adrienne:** “We inserted a “Moment of Caring” as the first checkbox of our universal checklists so that before surgery or a procedure the whole team does a full stop and talks about what they know about the patient or what the patient wants to share before we dive in...it’s important because when we care more, we all behave differently.”

# How can we amplify the kindness movement?

We were asked to consider how each of us can continue to amplify this movement. Thoughts were shared and reflected on by members of the group.

**1** Using this forum as a resource - connecting within this group and then sharing with others outside of it.



**2** Remembering kindness is contagious - others will be inspired to act



**3** Role modelling kindness - people can begin to behave in the same way



**4** Being explicit that we value kindness - make connection between kindness and caring



**5** Share stories and experiences of where showing kindness has made a difference



# Further resources

Speakers and participants shared further reading, blogs and videos in the chat box

- **Teacher Has Personalised Handshakes With Every Single One of His Students**  
<https://www.youtube.com/watch?v=I0jgcyfC2r8> - highlights the value of individualising interactions
- **Camerados social movement** <https://camerados.org/>
- **Podcast about 'What Matters To You?'**  
<https://podcasts.apple.com/gb/podcast/wild-card-whose-shoes/id1585226938> - a 'Wild Card - Whose Shoes' podcast with Rachel Power, CEO of the Patients Association.
- **Measuring the experience of feeling cared for as a patient:**  
<https://catalyst.nejm.org/doi/full/10.1056/CAT.19.1106>
- **Podcast recommendation - Music in healthcare:** <https://www.buzzsprout.com/1838805/11576389>
- **Chains of Kindness by Nicki Macklin and Hesham Abdalla**  
<https://blogs.bmj.com/bmjleader/2022/10/11/chains-of-kindness-by-nicki-macklin-and-hesham-abdalla/>
- **Gathering of Kindness** <https://www.gatheringofkindness.org/>

# Acknowledgements

This insights pack has been co-produced by:  
Nicki Macklin, Maureen Bisognano and Gabby Mathews  
and the team at Kaleidoscope Health and Care

For all enquiries please contact us [via the Kindness in Healthcare website.](#)