

Conversations for Kindness

Exploring the gap between what we *want*
and what we *have* in healthcare

19 January 2023

Contents

| | |
|--|-----------|
| Context | 3 |
| On the day | 4 |
| Insights from John Ballatt | 5 |
| Kate Pryde: Talking about the gap in practice | 7 |
| Breakout group discussion/reflections | 8 |
| Thoughts from Paul Batalden | 11 |
| Further resources | 12 |

Context

About the movement

Conversations for Kindness is a monthly virtual 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 Zoom 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 this contact form

On the day: coming together from across the world

More than **80** Kindness in Healthcare community members came together from all over the world for this Conversation for Kindness. Many new faces joined us for the first time!

This meeting explored a gap between what we want and what we have in healthcare currently. We heard John Ballatt, author of *Intelligent Kindness: Reforming the Culture of Healthcare* and Dr. Kate Pryde, before spending time in groups for the breakout discussion. We heard from Paul Batalden (Emeritus Professor at The Dartmouth Institute) and wrapped up our time together with rich reflections and thoughts shared by members of the Conversations for Kindness community.

This insights pack summarises the session, but you can also [watch the event on YouTube](#)



Joining from around the world...



Kindness in
healthcare

Insights from John Ballatt

John shared insights gained from 40 years of experience in health and social care. He identified the challenges faced by healthcare staff who experience uncomfortable gaps between their aspirations; their kinship with each other and those they care for; professional skills, ethics and knowledge, and what/how they can deliver care in the real world. When this gap is widened, healthcare staff can experience **moral injury** where they feel they are at odds with what is right. This can have a detrimental effect on individual wellbeing, as well as the ability to deliver care in a kind way.

John identified *two primary tasks for everyone*, regardless of their 'level' in the system, to ensure effective, humane care:

- 1. Organising tasks, roles and processes that foster collaboration and make the best use of resources and skills.**
- 2. Cultivating attentive, attuned, collaborative relationships, inclusive kinship.**

More from John Ballatt...

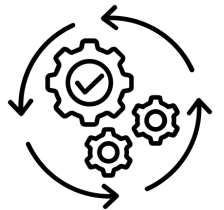
John also talked to us about the concept of **'healthy kinship'** where the healthier a human system is, the more relevant, intelligent, effective and successful is the work to organise roles, tasks, teams and systems and to deliver care.



We also learned how **intelligent kindness** is practice informed by kinship and kindness, the practical skills and resources available.



John highlighted the importance of healthcare leaders connecting with other leaders, as well as all levels of staff. **Leaders need to listen, stay open to what they hear, encourage dialogue about lived experience and turn their attention to addressing it.** Building time for reflection and exchange and for surfacing ideas for improvement with staff is key.

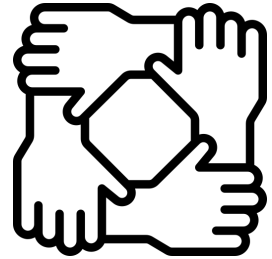


Kate Pryde: Talking about the 'gap' in practice

Kate, a consultant pediatrician and Clinical Director for Improvement and Clinical Effectiveness, shared reflections of the gap in practice, between what we want and what we have in healthcare. Kate highlighted the importance of **authentic kindness**, including healthcare staff who 'walk the walk' instead of just talking about what they could do.



Kate shared insights from her workplace, where there is a deliberate focus on ensuring new staff are introduced to the culture of kindness and inclusion from induction. We also heard about the **'Stop for Support' huddles** where all clinical areas stop for 10 minutes to come together and ask questions, identify what's going well, what support is needed, who is feeling vulnerable and what issues there are etc. This '10 minutes for tomorrow' is supported by action as the wellbeing team is able to work where needed when additional support is required.



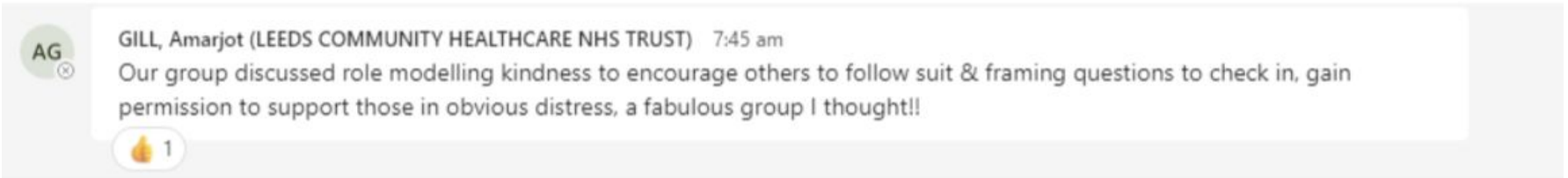
Breakout groups

We separated into 15 small breakout groups of around six people and were encouraged to discuss anything we found interesting or insightful from the conversations so far. We were also given this prompt for conversation:

As you reflect on what you've heard, what do you think the implications are for what we do here as a group over the year...



Using the chat function, the different groups shared with us key highlights from their discussions...



Breakout group reflections..

S

sheila (Guest) 7:49 am

In Room 12, we talked about the year ahead and how to build on the great work already underway. We are intrigued by the prospect of inviting some key decision makers who need to hear, learn, and embrace the language that we are exchanging here--specifically govt players, CEOs, board members, regulators, accreditation leaders. All are making "unkind" decisions, likely without even understanding the trickle down effect. They need to come to this forum and be "indoctrinated" so that kindness and care are "on the table" for every decision making process. Sue Laurent also mentioned the difference in value-driven decision making within the Hospice community. Might be very helpful inviting Hospice to share their strategies. Finally, talked about the impact (pro and con) of a checklist for kindness as a way to change behavior




HW


Hester Wain (External) 7:50 am

We also discussed the idea of rating CEOs for kindness as a bottom up measure... though thinking on this, maybe that is not a kind thing to do - ooh this is tricky!






Breakout group reflections...


CE  **ETHERINGTON, Clare (THE RIDGEWAY SURGERY)** 7:56 am
We talked about touching base with the people you supervise or work with every time you come to work. We wondered if we could demonstrate benefit to the supervisor as well as to the supervisees. We discussed induction being a place where this could be normalised.

TC  **Turner Chris (RKB) Consultant (External)** 7:48 am

Eve Holroyd 20/01/2023 7:46 am
We had a debate in our room about whether inauthentic kindness was better than no kindness at all.. (as sometimes when the heat is o...

give me your inauthentic kindness over your authentic unpleasantness any day- as long as I see it as kind I'm OK with that.....

 4  3  1

FC  **Fazeela Chharawala** 7:54 am
We spoke about 'customised kindness'- being specifically kind when appreciating people -colleagues rather than a catchall- which makes people feel that sense of YOU matter-thank you. We also discussed how much polarity there seems to be in the world around kindness vs ?cynical realism. And finally touched upon Jacinda Arderms resignation speech on being kind and firm, optimistic and decisive.

 2

Thoughts from Paul Batalden

Paul reflected on the need for hope, agency and dignity in our work as healthcare professionals, in our interactions with one another, and for our patients and families. He also highlighted the importance of authentic kinship, mutual inclusivity, and cultivating a sense of belonging to support and nurture our ability to relate to each other on a human level.

He shared the parable of the Vermont woodcutter who kept dutifully cutting wood even when his axe became blunt. Had he taken the time to sharpen the blade, his work would have been easier and faster, but he was reluctant to take the time to stop and do so. We can learn from this - people say they are just too busy doing and trying to achieve that they do not take the necessary time to renew themselves, to learn and grow—to sharpen the 'axe'.



Further resources

- Bob Klaber recommended Thanks for the Feedback as a **book** he has learned much from – on the art of giving and receiving feedback well.
<https://www.stoneandheeen.com/thanks-feedback>
- This **article** talks of Microsoft's new CEO's move to give each of his executives a book on non-violent communication, as a signal of needing to do things differently...
<https://www.businessinsider.com/microsoft-satya-nadella-nonviolent-communication-2018-10?amp>
- David Haslam's **book** 'Side Effects', exploring what good healthcare should achieve was recommended:
<https://www.waterstones.com/book/side-effects/david-haslam/9781786495365>

Further resources

- **Podcasts** with content related to what was discussed today:
 - <https://whoseshoes.buzzsprout.com/1838805/10445170-27-rachel-tomlinson-a-progressive-head-teacher>
 - <https://youarenotafrog.com/episode-10-what-were-talking-about-when-we-talk-about-compassion-fatigue/>
- Dominique Allwood and colleagues have recently written two pieces that discuss the need to understand, value and protect the conditions for careful and kind care.
 - **Leadership for careful and kind care:** <https://bmjleader.bmj.com/content/6/2/125>
 - **Careful, kind care is our compass out of the pandemic fog:** <https://www.bmj.com/content/379/bmj-2022-073444>