

Conversations for Kindness

Exploring the role of education and learning
in building kindness

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Context - Conversations for Kindness

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 **40** Kindness in Healthcare community members came together from all over the world for this Conversation for Kindness. New faces joined us for the first time!



The session centred on the role of education, training, learning and teaching, in and around the topic of kindness.

Bob Klaber led our discussion today, with **Maureen Bisognano**

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



We celebrated our 34th Conversation for Kindness

Insights from Bob Klaber

Bob opened the session speaking to how education is a critical area for how we might best change the culture in healthcare towards one that is more kind, more careful and less industrialised. He shared two quotes he was particularly drawn to...

“Education is the most powerful weapon which you can use to change the world.”

— *Nelson Mandela*



“The only person who is educated is the one who has learned how to learn...and change.”

— *Carl Rogers*

Further insights from Bob Klaber...

Bob also shared a study conducted by Len Berry et al. which showed how delivering care that is kinder, led to better outcomes in patients with cancer.

Len and the team have codified the types of kindness that lead to better outcomes for patients. Bob encouraged us to reflect on these when self-reflecting or teaching, and ask ourselves what we can learn?

Role of kindness in cancer care

Len Berry et al

Six types of kindness were identified:

1. deep listening
2. clear empathy
3. 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.

Highlighting key themes from the last 34 months

Kindness is a choice of action we can all take, role model & lead for

Leading with kindness needs to be central in work to reduce staff burnout & creating inclusive workplaces

There is a growing evidence base of the biological & psychological impact of kindness

Kind behaviours are as effective as any action in creating psychological safety at work

Systematically challenging unkind behaviours (and exploring why) is a crucial role of leaders

But what is more important – kind intent, or the outcome of kindness?

Kindness is a cycle - being kind stimulates more kindness

Small acts of kindness can have a big impact

If you do **ONE** thing:
Make kindness your starting point – and everything else follows

Bob also highlighted some of the main themes that have emerged over the course of these Conversations.

He included the slide **to remind us of the learning we have undertaken together in joining these Conversations.**

Maureen also shared examples of teaching kindness, both in her daily life but also via formal education environments - in all settings, kindness is contagious!

Maureen Bisognano: Kindness across disciplines

Maureen offered two reflections of how she has experienced kindness being taught within educational settings.

When teaching Harvard medical students she would emphasise working with kindness, which always took the students aback as their focus was on more of the practical and physiological knowledge they were expecting to learn. She recounted how one student told her that their focus on students was to be academically astute, and teaching about kindness was outside of their educational parameters. An important reminder that embedding a taught culture of kindness in education can help to embed this in healthcare when students become health professionals.

Maureen also shared the story of a school which encourages students to write a letter to the person who means the most to them at the start of the school year. When students show bad behaviour they go back to this letter and think about what might have caused this. The students spoke about the difference this makes.



Personal reflections on kindness education...

Maureen posed a question to us: **if we can change the culture of education, will that have a profound impact on care?**

Lisa Hollins shared reflections from her recent role with the British Red Cross. She spoke about different projects in place to encourage greater kindness including:

- Educational workshops with over a million kids across the UK, about kindness.
- Work to do with building personal resilience and kindness in crisis response.

Lisa reminded us that we can all remember an act of kindness that has impacted us and paying that forward is something we can look to do.

“I have included a link to the educational curriculum in kindness that we have published at the British Red Cross - we engaged 1.1 million young people in schools in workshops on kindness and compassion last year.

[Kindness and wellbeing teaching resources \(redcross.org.uk\)](https://www.redcross.org.uk/Kindness-and-wellbeing-teaching-resources)

“Free, engaging online resources for children and young people to boost their wellbeing by exploring and promoting the value of kindness”

Personal reflections on kindness education...

Fred Sadler spoke about the medical profession and how there is a focus on eliminating the placebo effect, striving for pure science with no influence of emotion.

He instead tries to encourage the placebo effect, for example, if he's prescribing antibiotics he will focus on how terrific these are and how they will make the patient feel better. This is something that has shocked other medical professionals in the past who believe in working in a way more focused on "pure" science.

While this is a different way of working than the way medical professionals are often trained, Fred argues that incorporating emotions into medicine is important and it works with the patients he sees.



Personal reflections on kindness education...

Karen Russell highlighted that while education and training the future workforce to be kind is important, this work starts with us. Looking after ourselves and being kind and compassionate to ourselves first can be such a challenge but it needs to happen so that we are able to teach others the same behaviours. Taking the time to humanise ourselves to patients is an important step too.

Hesham Abdalla shared his reflection that often we can only really learn kindness not when we are taught something but when we experience it. On a Master's course that Hesham teaches, one assignment requires students to shadow a patient in order to reflect and build empathy. In order to pass, tutors are looking for evidence that students have challenged their preconceptions and values and how reflective they are on what they have learned.

Personal reflections on kindness education...

David Haslam shared that when he was Chair of National Institute for Health and Care Excellence (NICE), in every lecture he gave he talked about compassion and kindness and someone would come up to him after and say, “I expected you to talk about evidence.” David would say, “I did.”

James Mountford: “Love that, David – reminds me of the false 'choice' between stories and data. Stories are data, just not of the numbers sort! Best is to have both sorts.”

Bob noted that what David spoke to reminded him of the rational vs relational work Julia Unwin set out in [Kindness, emotions and human relationships: the blind spot in public policy](#)



Breakout group discussion

In breakout groups, Bob asked us to consider three questions:

1. What are the learning outcomes - relating to our collective work around kindness - that you think should be central in the education of our current and future healthcare professionals?
2. What teaching and learning activities would help learners to achieve these outcomes?
3. How would you measure / assess learners in these?

In our breakout groups, we worked through the questions and put any thoughts on this [collaborative board](#). When we came back together as a group, we upvoted the comments that resonated with us.

Breakout group reflections

One group talked about **the power of hierarchy** where people might be kind in one setting but not kind in another - for example, a clinician who is kind to patients but not to colleagues. Helping people to recognise the impact this can have on those around them is important.

Another group reflected on teaching - **are we teaching people how to be kind or are we teaching them to BE kind?** Do we want a group of people that become kind or simply know how to be kind?

“Among us there is a shared understanding that kindness will enhance outcomes but **being able to measure the impact of kindness** is important too for colleagues who are encouraged by evidence and data...developing tools to support this is what can help bring others on board.”

“We learnt that experiential learning is called **discovery learning** in schools! Surely we can think of it like this too.”

Further resources

During the session, participants shared several resources that you may want to check out:

- When the idea of measuring kindness was brought up, **[‘Getting the measure of kindness: A guide for organisations’](#)** was shared
- When we reflected on the idea of ‘paying it forward’, this **[movie](#)** was suggested.
- **[The Kind Care Bundle](#)**, an article about applying a curriculum of kindness to medical school was shared

Acknowledgements

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For all enquiries please contact us [via the Kindness in Healthcare website](#) or email
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See you next month for another great Conversation.