Conversations for Kindness

36 months of conversations so far... A co-production session on where we are, where we think we might want to go next.

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Context

About the movement

<u>Conversations for Kindness</u> 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 <u>contact form</u>



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!

- Hi all. Taher here from Blackpool
- AB Hi all waving from Somerset. Feeling more Autumnal - beautiful colours in the trees.
- SC Hello from Malta! Still sunny and warm here. Please send us some rain!

- CE Clare Etherington GP in Harrow , outskirts of London. First swim with steam coming out of our mouths this week
 - BM Good
 evening/morning/night!
 Bruce from Hampshire UK.
 Hot off a lovely day
 teaching advanced comms
 skills to medics

- DI Hi, I'm Diana, paediatric consultant from the William Harvey Hospital, Ashford, Kent.
 - Hello! Great to be here and see friends ... Anna and others ... great to be a relative newby to this group
 - of Kindness here in Melbourne gatheringofkindness.org.

Our purpose in coming together for this session was to get feedback from members of the Kindness in Healthcare community on the future direction and priorities of the group. We wanted to hear everyone's thoughts on where we should focus our efforts going forward.

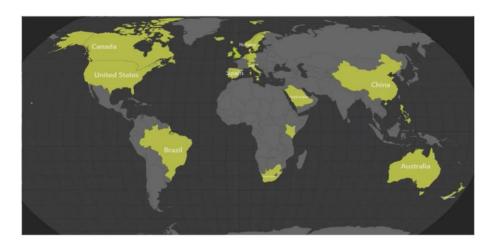
The brilliant **Bob Klaber** led our discussion today.

This insights pack summarises the session, but you can also watch the event on YouTube



Our reach keeps expanding!

Over 1400 contributors from 34 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, Kenya, South Africa, Mexico, UAE

Our community has been growing and expanding ever since we started meeting as a group 3 years ago. And with new members ha come new ideas and opportunities.

We have had around 1,400 contributors that come from 34 countries all across the globe! These amazing people from all over the world have helped us learn from each other and our different work and life situations.



Summarising the work we've done so far...

Through these conversations for kindness we have been able to create an inclusive space for people to:

- Think differently
- Listen
- Recharge
- Share resources/ideas
- Connect with like-minded people
- Realise our collective power



- Monthly call on 3rd Thursday of the month [6-7pm UK time]
- Aimed to create an inclusive space where people can come together to listen, learn, think differently, recharge and mobilise for action
- Given strong focus on sharing of resources, energy and ideas

With thanks to a core group who have guided, facilitated & convened the conversation:

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





Emerging key themes

36 months into the conversation – the nine key themes that have emerged include:

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

Kind behaviours are as effective as any action in creating psychological safety at work There is a growing evidence base of the impact of kindness on patient outcomes & staff well-being

Leading with kindness needs to be central in work to reduce staff burnout & creating inclusive workplaces Systematically challenging unkind behaviours (and exploring why) is a crucial role of leaders A key lever for change we can all get behind is to transform how we teach & train our current and future workforce

Importance is placed on the things we measure Kindness (conditions, activities, outcomes) is definitely measureable

Kindness is a cycle being kind stimulates more kindness, which then grows the impact Kindness is a starting point for everything – critical in our work to improve quality, equity, safety, productivity There is a growing evidence base for the science and impact of kindness in healthcare with many people on our calls contributing to generating this research and knowledge.

The last 36 months have seen many important conversations around how we can increase kindness and what the potential barriers for this might be.

We had a look together at the emerging nine key themes that have come up following these.



Measuring kindness

Bob Klaber introduced the idea of measuring kindness. We tend to place more importance on the things we can measure, and less on what we feel we cannot. Firstly, is kindness something we want to try and measure? And how would we even begin to quantify this?

Some examples we considered were measuring the conditions for kindness, things we know that reduce stress and encourage people to be kinder to one another. Or we could choose to measure the outputs and behaviours that tend to follow being in kinder environments, such as safety and productivity.





Breakout group discussion

Breakout room discussion

Two questions to reflect on:

- (1) Which of the 9 emergent themes feel like the key areas we should collectively focus on?
 What are the activities and inputs we [as a individuals and a community] might want to co-produce?
- (2) How might we want to evolve the way the community works and learns together [without losing aspects of the work we currently most value]?

We spent time in small breakout groups for around 20 minutes where we were able to consider the key themes in these conversations for kindness and what we think is important to carry forward.

Coming back together, we heard some of the ideas: focusing on kindness within leadership, redefining caring from clinical to the more human side, collective responsibility, whether we should be trying to measure kindness at all, the ripple effect of kindness, how to challenge unkind behaviour (especially with those who have more 'power')...



Insights from the group discussion...

One group shared their discussion about **kindness being top-down** and the importance of role-modelling and **leading with kindness**. It doesn't need to be huge gestures but small acts can have a huge impact on how others behave.

Another person reflected on why are we not just naturally kind to all? As children we are encouraged by all to be kind and rewarded for kindness, but by the time we reach adulthood it is almost viewed as unnatural.

Another group shared their reflections that kindness is a choice, it has a ripple effect of positivity, and the importance of developing an evidence base for kindness to help with funding and validation of the theme. The group proposed that members involved in kindness programs write up their efforts. This would facilitate group learning about various kindness strategies and their effectiveness.

One group said that even if you can't measure kindness itself, you can measure the impact of kindness on patients, team members, others. Measuring the amplification effect.



A glimpse into the chat...

@Catherine, I think the most important thing we can do is to be a disruptor and being unconventional.

fulfilling prophecy that develops in childhood that you've got to be tough ("unkind") to survive and it begets toughness ("unkindness") rather than an approach that promotes kindness that will have a generational and cultural positive ripple effect that will create a kinder world

SM I can think immediately of 3 main barriers to kindnessin-action: [1] individual circumstances/beliefs/mind sets, "this is nonsense", "you can't measure it etc" [2] organisational culture (but remembering that each one of us contributes to culture) [3] policies and procedures that purport to aim for equality/fairness but don't recognise that we need to be flexible because individual's circumstances are not equal, e.g. "I'm sorry I can't support you / you can't d this because the rules say"

Rules create an inability to adapt and kindness is a break from the past way of JFDI approaches to delivery

The intersection of compassionate, adaptive and servant leadership would help to create a culture where kindness is a reality.



Further resources

- <u>The Fearless Organization</u>, a book about psychological safety by professor Amy C.
 Edmondson of Harvard Business School was recommended.
- Make sure to check out the <u>Gathering of Kindness website</u>, an organisation committed to building, nurturing and instilling a culture of kindness throughout the healthcare system, which you can also be part of!
- Getting the measure of kindness is a resource intended to support organisations to develop their approach to measurement, providing a range of questions, tools and approaches to consider.
- Watch a <u>video</u> talking about how we can be more kind and why it is essential for our happiness, by Dr Manoj Krishna.





Acknowledgements

This insights pack has been co-produced by **Nicki Macklin** and the team at **Kaleidoscope Health and Care**

For all enquiries please contact us <u>via the Kindness in Healthcare website</u> or email bob.klaber@nhs.net

See you next month for another great Conversation.



