

Conversations for Kindness

Time for a check-in

June 2024

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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

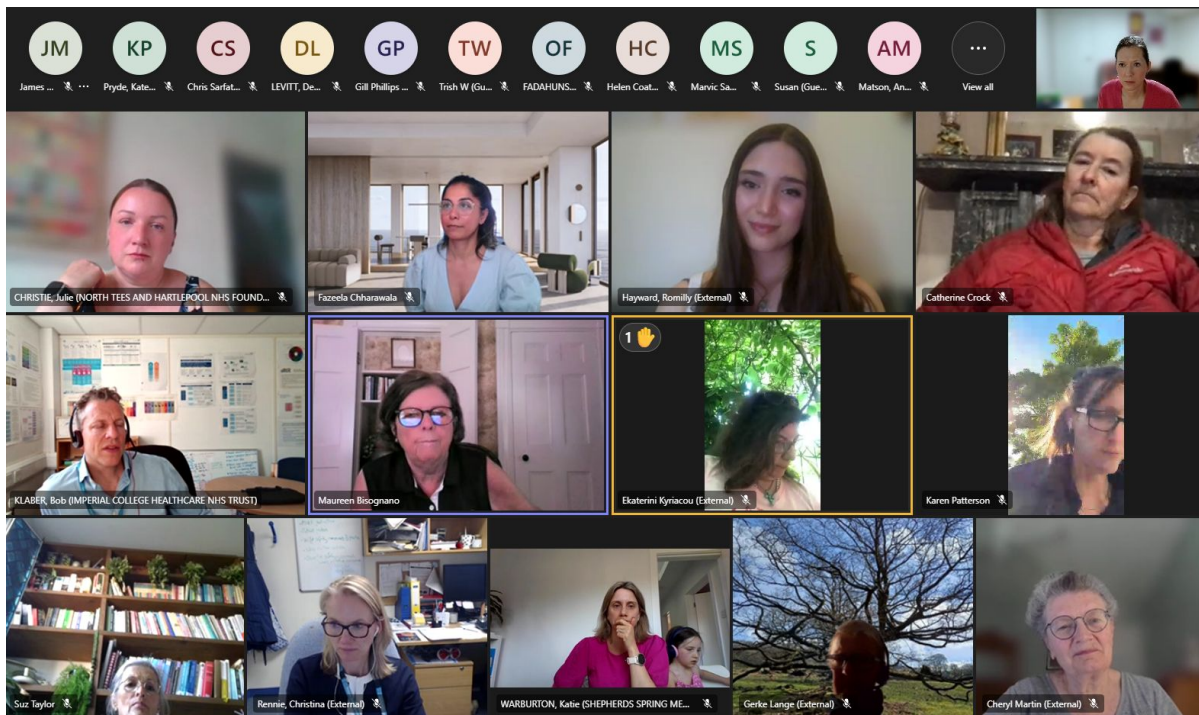
- Monthly Zoom call on the third Thursday of every month (6-7pm UK time)
- A focus on listening, learning, thinking differently and mobilising for action
- An open culture of sharing of resources, energy and ideas

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

Joining the Conversation from across the world

More than **25** Kindness in Healthcare community members came together from all over the world for this Conversation for Kindness. Once again, we had new faces join us for the first time!

Where were our participants?



Massachusetts, USA



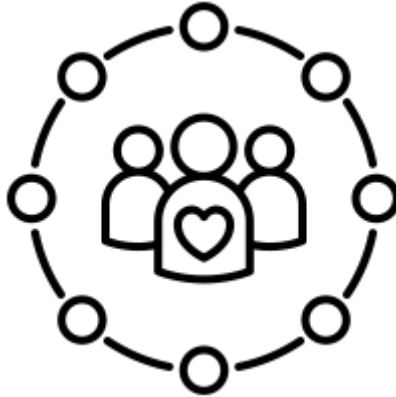
Notting Hill, UK



Sunderland, UK

What is today's meeting about?

We used today as an opportunity to have a bit of a check-in with the group, to make sure we are meeting the needs of the community and understand what areas of kindness in healthcare the group would like to develop further.



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

What areas do we want to develop further?

The group discussed what areas of thought that they would like to develop further. These areas were:

- Education and training of students and health professionals (curricula, teaching, assessment) – the way we teach our learners and how we bring more kindness into this current model of education
- Psychological safety in the workplace – how kindness and psychological safety work together
- Kindness and true, deep co-production – how we can build better ways to work together with our whole community

What areas do we want to develop further? (continued)

- Kinder care leading to better outcomes – the science behind why kindness matters
- Staff health and well-being
- Inclusion and equity
- Measurement and linking kindness to better across the full set of results that matter in our systems.

What do our members have to say?

Ekaterina talked about the importance of finding ways to build social and emotional intelligence and kindness into our medical education system, from the very beginning including how we select our medical students.

Christina Rennie wants us to explore what we do at different levels, to be and foster kindness – individual, team and organisation levels. Focusing on what we can do at each level.

Maureen talked about how the list above brought us together as a community in the first place, but also would like us to think about additional ideas - ways we might embed kindness into technology, and how we might also think about self-kindness.

Christina Rennie wants to see more work looking at how we incorporate storytelling into drivers for change. Maureen built on this, that storytelling is key to helping us see the human side of care on a deeper level.

Karen elaborated that there are physical conditions for kindness. She would like us to move in the direction of how healthcare workers are influenced by their environments – how kind we can be is dictated by our workplaces. She also mentioned needing to get more nuanced around how we use the term 'self-kindness'.

What do our members have to say?

Maureen Bisognano elaborated on the links between empathy, action, and self-kindness – the neuroscience of the way that acting kindly to others is hugely beneficial to ourselves and makes us feel so good. Maureen described her ‘reach list’ that she started when covid hit, and knowing people were becoming isolated. She used her Christmas list to build a second list of all those people who live alone or don’t have much support, and she reaches out to one person on that list every day. It can be a call, or a text or email, but the response of gratitude is very meaningful.

Katie Warburton discussed the training sessions she has been running with GPs, and how they approach the different levels of kindness in these sessions – self-kindness is very important but presenting information in a way that doesn’t start to sound nebulous and vague has been a real challenge.

Romily Hayward talked about the power of attending these forum meetings, and that in a room with like-minded people, it is easy to feel that we can all make a difference. However, in usual environments, as a medical student, it is still difficult to feel like she has much influence. The same person, but the feeling of having a voice is contingent on context and the people surrounding you. She also talked about the idea of lifting people up as you climb.

Reflections from the Chat

Shiela

If we don't appoint/recruit people that we perceive as not kind, are we in danger of creating an us and them situation. Might it not be better to take those people in to educate and develop them in kindness and change their behaviour. Otherwise we might be perceived as being unkind in not taking them in. I agree that person specifications when advertising a post should include kindness as an appreciated attribute - at least that might encourage applicants to think about the value of kindness."

James

I'd quite like to discuss random acts further sometime. I'm curious about it - I get the idea that it's (supposed to be) random. But (as Maureen was just hinting) I'm not sure they are random. Partly because kind requires an other-centeredness (no?). Which is about meeting/anticipating others' needs / wants (Contrast "nice" which is me-centred)

Reflections from the Chat (continued)

Karen

I was asked early in my training 'what type of medicine do you want to practice' and I thought it's more important to ask and think about 'what type of doctor do I want to be'.

Shiela

"Stories are great and memorable - so should be used in learning and development as much as possible."

Gerke

"By caring for ourselves we model it feels good and is okay or indeed important to do that. My awareness is that there's still a history/ story out there that self care can be viewed as self centred, not caring for others. How worrying this is. We all know that in this space. However, I wonder how much a reality/ hesitation it is still out there."

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 [via the Kindness in Healthcare website](#) or email
bob.klaber@nhs.net

See you next month for another great Conversation.

[Check out resources from our previous sessions on our website](#)

Thank you for joining, thank you for reading.

We'll see you next month!