

# Conversations for Kindness

“Tell me about yourself”: an experiment in kindness from the other side of the bedrail

November 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

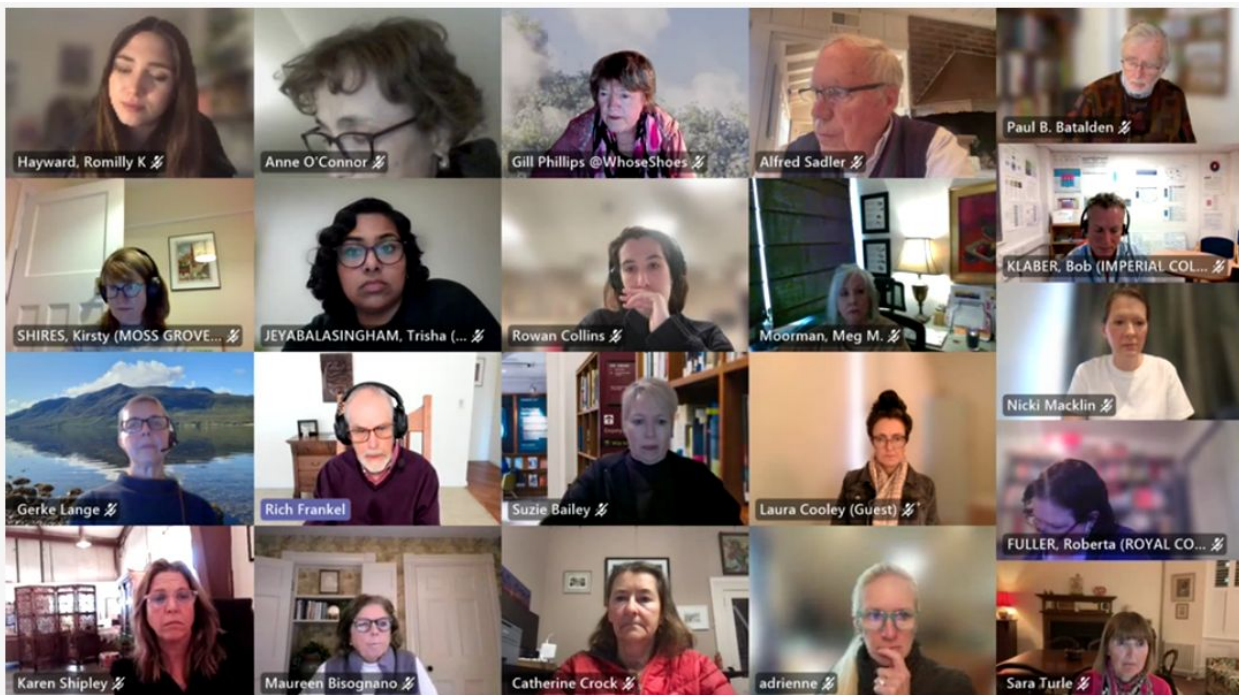
- Monthly Zoom call on the third Thursday of every month (6-7pm UK time)
- A focus on listening, learning, thinking differently and mobilising for action
- An open culture of sharing of resources, energy and ideas

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

# Joining the Conversation from across the world

More than **50** 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?



Dundee



Berlin



Northern Ireland

# Who did we hear from? Rich Frankel

Rich is a Professor of Medicine and Geriatrics at Indiana University School of Medicine and is a senior scientist at the Regenstrief Institute. He currently directs the Advanced Scholars Program for Internists in Research and Education (ASPIRE).

Rich is a qualitative health services researcher whose interests include face-to-face communication and its effects on quality, safety and outcomes of care, and more recently, using approaches from the positive social sciences to change the culture of academic health sciences centres. He has been a medical educator for the past 40 years and was the co-program director in the internal medicine residency program at Highland Hospital/University of Rochester.



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

# What did we hear? Detached concern and burnout

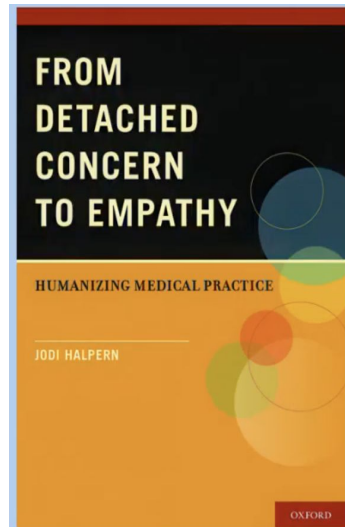
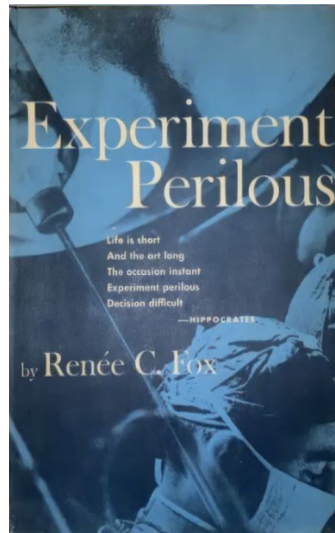
**Detached concern contributes to healthcare burnout, reducing empathy and compromising patient care.**

**Detached concern:** a concept from Renée Fox, whereby healthcare professionals maintain objectivity amid suffering, a standard practice that has contributed to emotional exhaustion.

**Empathy vs. detachment:** Empathy serves as an effective alternative to detached concern, potentially reducing burnout and improving care quality.

**Physician burnout:** Nearly two-thirds of US physicians report weekly burnout symptoms, including emotional exhaustion and decreased sense of achievement, negatively impacting patient care.

**Patient impact:** Burnout compromises care quality, leading to patient frustration and resentment, ultimately complicating the healthcare experience.



# What did we hear? “Tell me about yourself”

“Tell me about yourself” is an approach to fostering kind and caring connections between patient and provider to help make the experience better for all parties involved.

Rich described his unique dual perspective as both healthcare provider and patient, focusing on how he created personal connections with his care team during a series of heart attacks. His strategy centered on asking each team member to **“Tell me about yourself” (TMAY)** before any medical interactions began.

- Initial inspiration: A hospitalist showed interest in Rich's book project, transforming an unwelcoming triage room into a space of comfort and safety. This inspired Rich's TMAY strategy.

Rich suggests that simple **human connection can enrich healthcare experiences** for both patients and providers, particularly in challenging clinical environments.

[Additional reading can be found via this link](#)



# Group discussion

The provocation for our breakout discussion was:

*“Think about a time when your expectations for service were challenged and you transformed the situation by demonstrating kindness and empathy toward the service.”*

## Sara

“Do *with* me not *to* me. I work to treat staff like people because I want to be treated as a person. I believe that the simple act of introduction is one of the most stress reducing acts we can do. Engaging with people on ward rounds is such a beautiful act, getting on people's level is one of the most compassionate things you can do.”

## Linda

“We were talking about interactions between staff being so key to ensuring kindness to patients. We need to help make the work environment more kind.”

## Gabrielle

“I believe that while there is an educational shift towards empowering medical staff, there system still lacks role models. We need to encourage senior staff to bring kindness to work.”

# Group discussion

The provocation for our breakout discussion was:

*“Think about a time when your expectations for service were challenged and you transformed the situation by demonstrating kindness and empathy toward the service.”*

**Rich**

“Historically, medical education emphasized maintaining objectivity by refraining from self-disclosure. This approach was rooted in the 19th-century view of objectivity, which aimed to keep personal emotions separate from professional interactions.”

# Closing reflections

**Human connection transforms healthcare by reducing burnout and improving experiences for both patients and providers.**

**The challenge:** Traditional "detached concern" approaches in healthcare contribute to professional burnout and emotional exhaustion, harming both patients and providers.

**The TMAY approach:**

- Simple question: **"Tell me about yourself"** creates powerful connections.
- Works across all roles: from housekeepers to cardiologists.
- Benefits both patients and providers.

**Recommended actions:**

1. **For Providers:** Share appropriate personal stories and sit down during rounds
2. **For Education:** Rethink empathy training and promote role modeling
3. **For Patients:** Initiate human connections with healthcare team
4. **For Systems:** Measure outcomes and collect feedback on kindness initiatives

# 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  
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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!