

# Conversations for Kindness

Listening to Patients

12 June 2023

# Contents

<b>Context</b>	<b>3</b>
<b>Joining the conversation</b>	<b>4</b>
<b>Insights from Henrietta Hughes</b>	<b>5</b>
<b>Group discussion</b>	<b>8</b>
<b>From the chat</b>	<b>11</b>
<b>Themes and learning to date</b>	<b>12</b>
<b>Further resources</b>	<b>13</b>

# 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**

# Joining the Conversation from across the world

More than **60** 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!

A few of the hellos from around the world...



Sue Robins (she/her) (Guest) 18:17

Hello, I'm Sue Robins, a patient + caregiver and a health care activist in from the west coast of Canada.



Thant Zin (NHS Grampian) 18:17

Hi all, I am Thant Zin, I am a Paediatrics Trainee up in Aberdeen and thanks for letting me join



Frankel, Richard M 18:12

Rich Frankel. First time on the call. I am professor of medicine and geriatrics at Indiana University School of Medicine and also have a staff appointment at the Cleveland Clinic. I am a qualitative health services researcher and have spent the past 40+ years studying patient clinician communication and professionalism.



# What did we hear? Insights from Henrietta Hughes

Our speaker today was **Henrietta Hughes**, the first appointed Patient Safety Commissioner for England.

This statutory role, accountable to Parliament, was created following a recommendation of the [Independent Medicines and Medical Devices Safety review](#).

The review focused on the experiences of patients who had experienced healthcare harms, which highlighted several key themes:

- patients and families **were not listened to** when they raised concerns
- the system as a whole was **disjointed, lacking in compassion, and slow to make changes**.

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

# What did we hear? Insights from Henrietta Hughes

The purpose of the Patient Safety Commissioner is to:

- seek improvements to patient safety on the use of medicines and medical devices, **holding the system to account**
- **amplify patients' voices** and **champion the value of listening to patients.**

Henrietta's work is centred on how, following instances of healthcare harm, organisations listen to patients and families, how they listen to workers, and **how we can move away from defensive practice and towards harm mediation processes.**

In this area, she works to address the **inherent injustices in knowledge, power and language** inside our healthcare systems, which mean that patients and families are less likely to be heard or believed.

Henrietta works with a wide range of **patient and family advocates** and consumer representatives.



# What did we hear? Insights from Henrietta Hughes

## The role of social movements

Henrietta reflected on the key role of social movements in 'making the good stuff happen, every time'



# **hello** my name is...



**CIVILITY SAVES LIVES**

# Group discussion

Our first group discussion question today was:  
**What stops us listening to patients and families?**

An insight into what participants shared...

**Khadija:**

Language barriers.

**Hester:**

Fear of negative feedback.

The impact of our own mood on our capacity to prioritise kindness and listening.

**Nicola:**

Time constraints and the system not supporting patient involvement.

**Bimbi:**

Electronic patient records can get in the way of human conversation.

Human variability (e.g. fatigue, pressure) impacts the way we interact with patients.



# Group discussion

Our second group discussion question today was:  
**What enables us to listen to patients and families?**

An insight into what participants shared...

**Clare:**

Learning to listen more effectively.

**Bimbi:**

How could we harness AI to help us with the electronic notes which would open up time for the human interaction in a consultation?

**Christina:**

GROW model which involves asking patients what they want to get out of a consultation.

**Hesham:**

AI can take the variability out of our interactions with patients, e.g. studies have shown that GPs are less willing to refer patients for test later in their day.

# Group discussion

Our third group discussion question today was:

**Can we 'regulate' social movements or does it have to come from the heart?**

An insight into what participants shared...

**Caroline:**

It is more powerful to see those around you role-modelling the values of a social movement.

**Aires:**

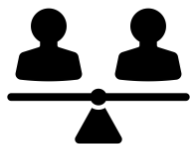
Regulation can disempower us to make decisions based on how we want to treat others and can take the heart out of kindness.

**Maureen:**

Social movements, such as kindness, are contagious. We can begin to change culture by leaders role modelling the change we want to see. Rather than regulate for kindness, can we focus on spreading it?

# Group discussion

Participants also shared their reflections in the chat:



BR

Brigid Russell (External) 5:49 am

Patients are people. We are all people. At times we are all patients. The fundamental point is about how we do / don't listen to each other. It's across society. Our health services are not different in that respect. As soon as we put on labels - 'patient', 'professional' 'problem person'.... it is power differentials, role/identity, different understandings... which get in our way..



2



UU

Sheila (Guest) 5:49 am

"Listening" is not the same as "hearing." I think most people attempt to listen, but for a variety of reasons....cultural differences, time limits, fear of response...we don't always hear each other. And the challenges are exacerbated when there is a power differential. And power differentials are not limited to doctors/patients. The minute a patient crosses the threshold of a hospital, they give up some of their agency. We have to teach people at ALL touchpoints in the care experience to listen, hear, and respond.



2



VM

Montori, Victor M., M.D. 5:58 am

We have to be careful to not gravitate to performative kindness that can be reliable but also fake. Are we better off imperfect unreliable but authentic

# Closing the Conversation

To close the conversation, we reflected on the **themes** and **learnings** that have emerged 30 months into Conversations for Kindness:

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

Leading with kindness needs to be central in work **to reduce staff burnout** and create **inclusive workplaces**

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

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

**Systematically challenging** and unpacking unkind behaviours is a crucial role of leaders

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 that follows

# Further resources to check out

A number of recommended readings and resources were shared in the chat during the Conversation. They are listed below and on the following page:

- [Ask a good question?](#) by John Launer - a short article sharing the impact of asking 'What matters to you?'
- [Falling through the cracks: Greg's story](#) - a short film following a family-led patient safety movement in Canada
- Noise: A Flaw in Human Judgment by Kahneman, Sibony and Sustain - a book arguing that noise in human judgement thoroughly prevalent and insufficiently addressed.
- [Communication Matters](#), COPE Scotland - a short article sharing tips on the art of conversation
- [Epistemic injustice](#), Wikipedia - *a short article covering factors that stop healthcare professionals from listening to their patients*

# Further resources to check out

- [Proposed changes to Good Medical Practice](#), GMC - an article that sets out the proposed update to the standards of care and professional behaviour expected of all professionals under the GMC
- [INFACT](#), a patient-led campaign group and charity providing information and support to those who have taken antiepileptic drugs during pregnancy and are concerned this may have affected the foetus.
- [Freedom to Speak Up](#), an NHS programme that trains Freedom to Speak Up guardians who support healthcare workers speak up, and help managers and leaders to listen and follow up.

[See resources from our previous sessions](#)

# 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.](#)

Thank you for joining, thank you for reading.

We'll see you next month!