

Gathering of kindness



SUMMARY

March/April 2016

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Our science in medicine is strong and that's good, but there has to be room for the heart too. We need talk of kindness to support the science, not be considered

'subversive'.¹ Participant at Gathering of Kindness

Recommendations

The Gathering of Kindness discussed a bold ambition: to commit to a healthcare culture based on kindness, trust and respect, and to eliminating bullying. It was acknowledged that:

- ! Health care workers are often disengaged, fatigued and stressed. Many feel socialised into denying their feelings and humanity in the pursuit of professionalism.
- ! Hospital managers and executives struggle to balance decisions of finite resources and endless demands.
- ! Pressure and stress mean we've forgotten how to work together.
- ! We all want to give the care that we would want for our loved ones.
- ! We all want to connect through the suffering and joy of illness.
- ! We all want to keep our patients and our colleague's safe.

Achieving this bold ambition will require brave steps. The following recommendations will help us get there. They propose a flexible Victorian program drawing on the best of work in other places, enabling local experimentation and adaptation.

1. Create an 18 month project to develop a prototype for Kindness in Healthcare.

- 1.1. This will involve choosing a health service committed to eliminating bullying and building wellbeing and connection through promoting and valuing respect, kindness and improved teamwork between staff.

¹ Participant discussion, Gathering of Kindness

² Stanford University – Centre Compassion and Altruism Research and Education <http://ccare.stanford.edu/about/people/ccare-staff/> ³ Hear Me: <http://www.aipfcc.org.au/assets/files/About%20Hear%20Me.pdf>

- 1.2. Partnering with The Centre for Compassion and Altruism Research and Education ¹ to imagine, develop and possibly evaluate the project.
- 1.3. Incorporating the arts and humanities into healthcare in ways that will engage and energise our workforce.
- 1.4. Providing a suite of options for the project centre and other interested services. These options will, as a priority, involve engaging staff in what is important to them, what they value, what makes them proud about their work and what makes them feel bad. These options will include though not be limited to:
 - 1.4.1. Performances of *Hear Me* - a unique Health Play developed in Victoria².
 - 1.4.2. Workshops in conjunction with *The Narrative Kindness Initiative* ³ to enable reflective practise using patient and staff stories.
 - 1.4.3. Kindness meditation and other ‘self-care’ initiatives accessible to staff, patients and families
 - 1.4.4. Social Movement strategies to spread the ‘Kindness Change’ concept.
 - 1.4.5. Summaries of research evidence on kindness and respect in healthcare for Boards, Executives, Clinicians, support staff, patients and families.
 - 1.4.6. Appropriate music and other creative arts introduced to improve the environment in healthcare facilities for staff and patients.
- 1.5. Engaging Board members and Healthcare Executives to be leaders in promoting this work and encouraging them to :
 - ! Regularly ask “How kind is our organisation and how do we know?”
 - ! Meet with patients and staff in regular and meaningful encounters.
 - ! Showcase and celebrate kind behaviours and resulting improvements.
 - ! Link Kindness behaviours to patient and staff safety and to organisational development.

¹ Stanford University – Centre Compassion and Altruism Research and Education
<http://ccare.stanford.edu/about/people/ccare-staff/>

² Hear Me: <http://www.aipfcc.org.au/assets/files/About%20Hear%20Me.pdf>

³ The Narrative Initiative: <http://www.thenarrativeinitiative.com/#!narrative-kindness/ri2w6>

! Introduce effective and inclusive feedback techniques for teams and individuals.

2. Support a Coalition for Kindness

2.1 The Coalition for Kindness requires support to build mechanisms for communicating and partnering with like groups and building a community based on kindness, trust and respect.

3. Sponsor the Gathering of Kindness as the annual opportunity for the Coalition to grow.

Respect

Kindness

Trust

Background

In 2015 Mary Freer and Dr Catherine Crock met to discuss mounting public concern about bullying and harassment in healthcare. Rather than revisit existing intervention strategies, they focussed on a preferred future where kindness, respect and trust are paramount in every interaction. With likeminded partners in the Victorian Managed Insurance Agency (VMIA) and the Department of Health and Human Services Victoria, the Gathering of Kindness was born. They advertised for expressions of interest from people keen to contribute to conversations and waited to see who would come.

In March 2016, 110 people gathered at Duneira at Mt Macedon to re-imagine a healthcare system that has kindness, trust and respect as core components.

Surgeons, allied health practitioners, nurses, students, healthcare leaders, managers, Board members, patients and patient advocates, joined with social innovators, researchers, philosophers, lawyers, academics, artists, musicians, actors, a Yorta Yorta Elder and Story Starters.

Acknowledging that bullying and harassment in healthcare is a serious problem impacting negatively on patient and staff safety and wellbeing and that *'we must all participate to achieve genuine and meaningful change'*,⁴ participants moved forward.

Together, those at the Gathering listened, explored kindness, experienced ways music and theatre can transform healthcare environments, and discussed the role of individuals, teams and organisations in initiating and sustaining the change needed to re humanise healthcare.

A podcast about the event is available at the ABC, the Spirit of Things⁵ and a full description is available in an article by Lea McInerney at CROAKEY.⁶

⁴ Victoria State Gov't: Media Release, Hon. Jill Hennessey MP. Wednesday, 9 March, 2016

⁵ The Australian Broadcasting Commission, *The Spirit of Things*, 10th April, 2016
<http://www.abc.net.au/radionational/programs/spiritofthings/gathering-of-kindness/7305288>

⁶ <http://croakey.org/join-the-gathering-of-kindness-in-creating-a-better-health-system-a-recommendedlongread/>

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... a culture of openness, respect, honesty and cooperation ... [helps prevent] bullying becoming an acceptable pattern of behaviour in the workplace.⁷ Assoc Prof Alan O'Connor

Everyone has a role to play

Building a culture of Kindness is not a 'top-down' exercise. Kindness starts within all of us and thus becomes 'inside-out'. It is innate to human nature. The efficacy of kindness in healthcare is increasingly supported by scientific research.

Individuals and teams:

The Gathering generated many suggestions for individual and team actions. Key themes were:

The importance of self-care:

- Clinicians need support to recognise 'that we are no good to others if we don't look after ourselves'.
- Self-care is important for healthcare workers.
- Self-care initiatives such as meditation have multiple benefits⁸ which will be best realised with team and organisational support.

Individual and team belief in their ability to change for the better:

- Actions by individuals can change the culture of the teams they work in. This in turn can have wider effects within the organisation.
- How we work as a team matters: bullying and harassment can thrive in situations of pressure, judgement and tiredness.
Kindness generates respect and trust.
- By our actions, in small teams, we can build respect, kindness and the trust that will help us turn around toxic situations.

⁷ Assoc Prof Alan O'Connor 2013: Bullying within healthcare workplaces: Causes, consequences and solutions.

The Quarterly, RACMA

<http://www.racma.edu.au/index.php?option=com_content&task=view&id=174&Itemid=327>

⁸ See for example, Seppala EM, Hutcherson CA, Nguyen DTH, Dotty, J and Gross J.: Lovingkindness meditation: a tool to improve healthcare provider compassion, resilience and patient care. In *Journal of Compassionate Health Care* 2014 1-5

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Executive / leaders

What leaders focus on is what improves. Health care that is respectful, kind and inspires trust will require 'building and maintaining a positive workplace culture'⁹. Succeeding in this will '*effectively and decisively deal with the full range of inappropriate behaviours, including bullying and harassment*'.¹⁰

The Gathering supports:

- Board and Executive attention to fully understanding and prioritising healthcare that is respectful, kind and contains multilayers of trust.
- Leaders modelling a kind culture and environments conducive to kindness, respect, transparency and accountability.
- Leaders ensuring that staff feel valued, cared for, listened to and treated with kindness by their managers and colleagues
- Work with movements such as Change Day Australia, Patient Opinion and the Hush Foundation to inspire, energise and engage patient and workforce efforts towards a kind health system.
- Underpinning management, communication and training practices with research and practice evidence in patient centred, kind and compassionate care.
- Strategies to promote, recognise, measure, and reward kindness.
- Making respectful and compassionate care an integral part of formal and informal learning activities.

*Don't just tick the Kindness box!*¹¹

⁹ Victorian Auditor General: Bullying and Harassment in the Health Sector. Victorian Government Printer, March 2016 pg vii.

¹⁰ *ibid*

¹¹ Marie Ennis-O'Connor: Story Starter, Gathering of Kindness< March 2016.

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'We are seeing a revolution in how the mind works. As little as two weeks of practicing compassion with intention has a positive physiological effect on the body. It can lower blood pressure, boost your immune response and increase your calmness'.¹²¹³ Dr James Doty

State-wide

The Gathering supports Government, Departmental and state-wide health roles:

- ! Leading Australia to a vision of first-class patient centred care delivered by a workforce operating with respect, kindness and trust and constantly affirming values of respect and kindness in healthcare in Victoria.
- ! Promoting respect, kindness and trust through strategies such as videos (short, fun and energising), and awards in each healthcare sector.
- ! Synthesizing and promoting good research into useable 'bites' for Boards, Executives, Clinicians, support staff and the public.
- ! Developing future Leaders in Kindness.
- ! Connecting Victoria with emerging movements for respect and compassion such as Hearts in Healthcare¹⁴
- ! Working with universities and Colleges to build self-care in compassionate medical/clinical practice through training and professional development.

¹² Dr James Doty, Professor of Neurosurgery at Stanford University: The Age 12th April, 2016.
<<http://www.theage.com.au/victoria/changing-the-world-and-ourselves-through-compassion-1mi37b.html>>

¹⁴ Hearts in Healthcare. The movement for re-humanising health care
<<http://heartsinhealthcare.com/strategies-whole-system-change-healthcare/>>

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Anyone who has been seriously ill knows that it is the individual acts of kindness, thoughtfulness, and sensitivity on the part of healthcare staff that make it possible to cope with the panic and indignity of a failing body. Kindness helps healing.¹⁵ Iona Health

Research matters

Healthcare is changing and so is the nature of work. We need research into innovative solutions and pockets of good practice that can be quickly shared and learned from.

The partnership between Dignity Health and Stanford University Centre for Compassion and Altruism Research and Education to study the impact of compassion and kindness in health care is such an example. Their extensive literature review shows a growing body of scientific evidence that ‘healthcare delivered with kindness and compassion leads to faster healing, reduced pain and shorter hospital stays’.¹⁶

‘This review also found that patients aren’t the only ones who see better results from kind treatment — doctors, nurses, and caregivers who provide the kind treatment benefit as well. A kinder work environment helps employees feel more engaged and less exhausted’.¹⁷

Neurological research is exploring the brain and the impacts of both wholesome and toxic practices on human coping mechanisms. We imagine the possibility of a more inclusive and sustainable healthcare system when management and communication take account of evidence and change their practices accordingly as we do with clinical protocols.

In facing the crisis of bullying and harassment, research offers perspectives on the likely effectiveness of strategies and initiatives under consideration:

Many of these actions may make a difference, but there is a risk that they will become yet another ‘programme’ of activity, on top of an already toppling tower of initiatives mechanical activity rather than keeping their purpose in mind.¹⁸ Penelope Campling

¹⁵ Iona Heath: Kindness in healthcare: What goes around. *BMJ* 2012;344:e1171

<<http://www.bmj.com/content/344/bmj.e1171.full>>

¹⁶ Lloyd Dean & James Doty, M.D: The Healing Power of Kindness in The Huffington Post 11/16/2014 10:24 am ET | Updated Jan 16, 2015 <http://www.huffingtonpost.com/projectcompassion-stanford/the-healing-power-of-kindness_b_6136272.html>

¹⁷ *ibid.*

¹⁸ Penelope Campling Reforming the culture of healthcare: the case for intelligent kindness.

BJPsych Bulletin 2015 Feb; 39(1): 1–5 <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4495825/>>

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To change the system, we are creating a global international social movement within healthcare that connects together all those in the world who are passionate about re-humanising healthcare and strengthening care and compassion. When we reach the tipping point, the whole system will change.¹⁹ Dr Catherine Crock

Kindness + Respect + Patient-centred care = Safety

The work of Dr Catherine Crock²⁰ provides a compelling case for an Australiawide shift to best practice patient-centred care. Her contention that ‘how staff treat each other is directly related to how well they can provide safe care’ is well evidenced. Leape & Berwick et al contend that: ‘Caregivers cannot meet the challenge of making healthcare safe unless they feel valued and find joy in their work.’ They go on to say that a ‘cause of poor morale is tolerance of disrespectful and disruptive behaviour’ and that these factors are contributing to clinicians leaving healthcare.²¹

We want in Victoria, a healthcare system and culture that is more engaging and safer for patients, more joyous and safer for staff with the best possible clinical outcomes.

Victoria is well positioned to prioritise the best examples of patient-centred care as evidenced in Dr Crock’s report and research since and as demonstrated by the Gathering of Kindness.

¹⁹ Robin Youngson: *ibid*

²⁰ Dr Catherine Crock MBBS: Patient-centred healthcare and its impact on patient safety. The Winston Churchill Memorial Trust Fund in Australia, 2010

²¹ Leape, L., Berwick, D., et al.: *Transforming healthcare: a safety imperative* in *BMJ Quality & Safety in Healthcare* 2009 18:424-428 Available at: <<http://qualitysafety.bmj.com/content/18/6/424.full>>

See also: Penelope Campling *Reforming the culture of healthcare: the case for intelligent kindness.* *BJPsych Bulletin* 2015 Feb; 39(1): 1–5 Available at: <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4495825/>>

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Sponsors

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