

# *Kindness 2.0 for Healthcare Leaders: Aligning Kindness with Principles of Leadership*

Wangaratta Hospital  
Gathering of Kindness 2018  
November 2018

**THE NARRATIVE INITIATIVE, LLC**



2018

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## EXECUTIVE SUMMARY

### Background

**The Narrative Initiative, LLC**, (or TNI) uses unique facilitated narrative techniques and interactive didactic sessions to invite health care providers to come together and examine the challenges to creating a kinder, more compassionate culture of health care. A “culture of kindness” in the health care work environment is associated with improved patient safety. A kind culture decreases the potential for non-professional behavior while promoting staff wellness and mitigating the effects compassion fatigue inherent in health care professions. Yet there are many challenges to acting in a kind manner in the current health care culture. Such challenges include time constraints for patient-provider interactions, lack of opportunities to proactively decompress difficult experiences, and *lack of effective patient-provider communication*. Dr. Lorraine Dickey founded **TNI** in 2017 based on 10+ years of research-based, peer-reviewed, unique, facilitated narrative techniques designed to help professionals and community members examine communication challenges inherent in critical relationships, including the critical patient-provider relationship. Our work with the healthcare professionals is included in our program *The Professional Caregivers’ Plan for Resilience* (P-CPR®).

Our first step in P-CPR® is to lay the educational foundation of perceived communication. We have named this paradigm “**The Sweet Spot of Communication**” (SSOC). The primary teaching point is learning to identify when verbal and non-verbal communication along with tone can be leveraged to enhance understanding while simultaneously supporting the needs of the listener (a.k.a. the perceiver of the communication.) Finding this “sweet spot” can prove very effective in enhancing the success of any critical communication, personal or professional. By success we mean communication where the person speaking and the person listening both walk away from the conversation with very similar understandings of what transpired. It is important to realize an act of kindness is only felt to be kind *if* the receiver/perceiver of the act *believes* the act is kind...regardless of the intent of the person performing the act. The primary point here is: Perception is Reality.

Ordinarily we follow this didactic teaching with a facilitated narrative session on a topic of interest to the group. The Narrative Kindness Project seeks to use the prompt of “Kindness” to allow participants to practice the communication skills they just learned while addressing barriers to kindness in the workplace environment using personal story.

*Of note: this session was unique in that TNI was asked by the CEO of Wangaratta Hospital to teach the concepts of “The Sweet Spot of Communication®” and align Kindness with the Studer Principles of Leadership for a group of clinical and non-clinical leaders as a stand-alone 1-hour interactive educational session.* Therefore, our standardized, validated narrative participant survey was slightly adapted so we could analyze and compare survey results from this session with our current database.

This report details the following results: Part I: Audience demographics, Part II: Participants impressions of their experience with SSOC and aligning kindness with current organizational values as measured by Likert scores, and Part III: Participant responses to open-ended questions about their perception of the value of this unique TNI interactive educational session for leaders in healthcare.

## **Key findings:**

### **Demographics**

The TNI SSOC interactive educational experience and aligning kindness with the Studer Principles of Leadership were both *exceptionally* well received by participants who represented clinical and non-clinical hospital medical leaders. Most have worked over 10 years in their reported field of work.

### **Likert score questions**

Our adapted TNI survey results showed the following results of our “Kindness 2.0 for Healthcare Leaders” session:

1. The majority of participants (25 of 29; 86%) either “definitely agree” or “probably agree” this TNI experience *enhanced their current set of leadership skills*
2. All the participants (29 of 29, 100%) either “definitely agree” or “probably agree” this TNI experience *benefits their ability to align kindness with the values of their organization*
3. The majority of participants (27 of 29, 93%) either “definitely agree” or “probably agree” they will be able to *apply what they learned in this TNI experience in their leadership role right away.*

### **Open-ended questions**

Participant responses to identifying their key take-away message from this session centered on *kind acts of omission, kinship underlies kindness, and asking permission to perform a kind act for someone since the perception of kindness lies with the person on the receiving end of the action.*

When asked how they would put what they learned into action within the next 12 months responses centered on *increasing team awareness of the value of kind acts of omission and discussing the relationship between kinship and kindness with teams.*

When asked how this session could be improved for other leaders, most comments reflected *this session was good as presented and that they had a very positive experience.*

## DETAILED RESULTS

### TNI “Kindness 2.0 for Leaders” Participant Survey Results

A total of 29 participants attended this executive learning experience from clinical and non-clinical departments at Wangaratta Hospital.

A total of 29 surveys were completed.

#### Part I: Demographics

For reporting purposes, the following fields of work were divided into two major categories: Clinical leaders (professionals in the fields of work primarily involved in patient care: *Nursing and Allied Health*) and Non-clinical leaders (those in fields of work supporting, but not directly involved, in patient care: *Admin, Nursing, Education & Research and Pharmacy.*)

#### Field of Work

29 participants reported the following fields of work:

##### Clinical leaders

n =13

##### Non-clinical leaders

n =16

#### Years in Field of Work

Participants ranged in experience in their field of work from 1-2 years to > 20 years. **Note: 90% of participants reported > 10 years of experience, and 52% reported > 20 years of experience.** This reflects a very senior group of healthcare leaders.

1 year = 0

1-2 years = 1

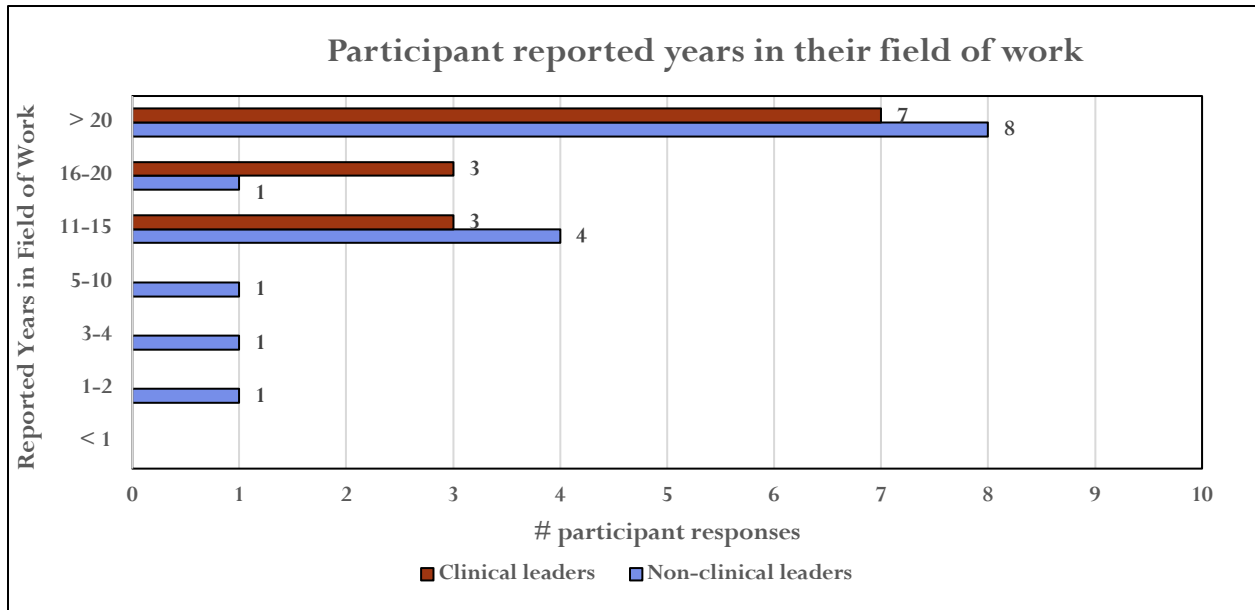
3-4 years= 1

5-10 years = 1

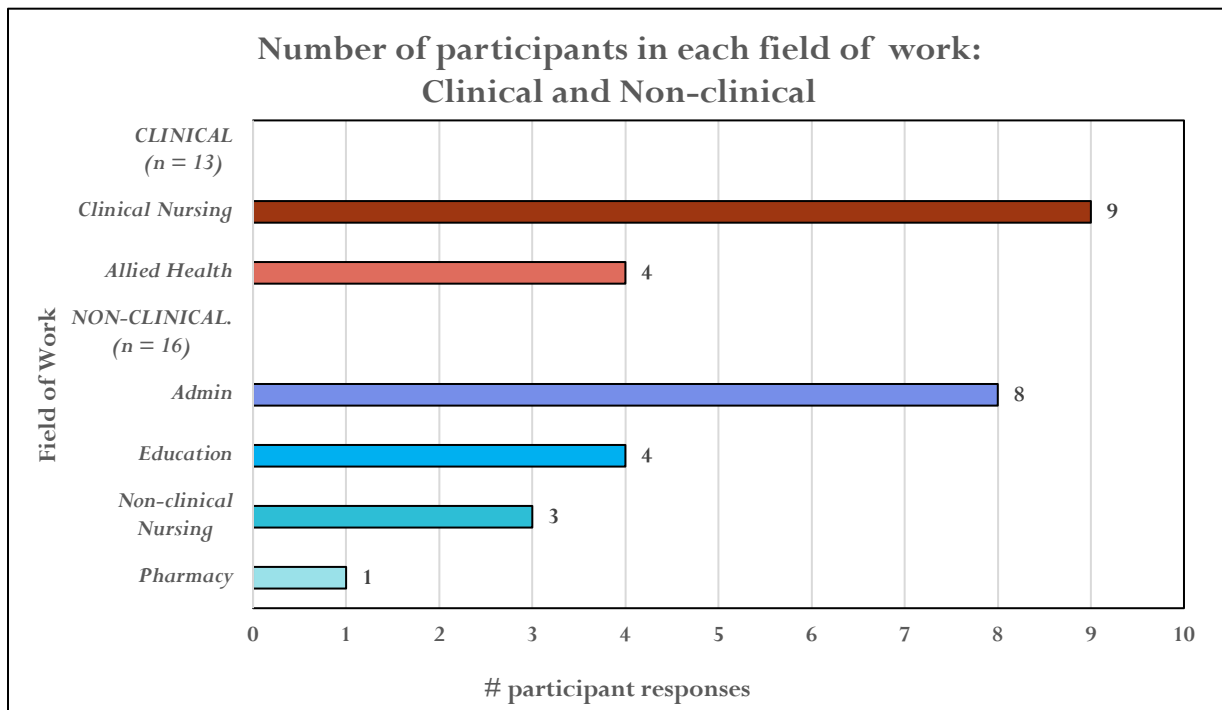
11-15 years = 7

16-20 years = 4

> 20 years = 15



The following graph shows participant years of experience in their reported field of work by the same major categories: Clinical leaders (Nursing and Allied Health) and Non-clinical leaders (Admin, Education, Nursing, Pharmacy.)



## Part II: Participant responses to statements evaluated with Likert scoring

Participants were asked to respond to the following three statements:

Please give your honest opinion for each statement. Circle 1 of 5 possible answers that BEST DESCRIBE your opinion of your experience with today's TNI session: "Kindness 2.0 for Leaders"

### Likert Scoring

5 = definitely agree

4 = probably agree

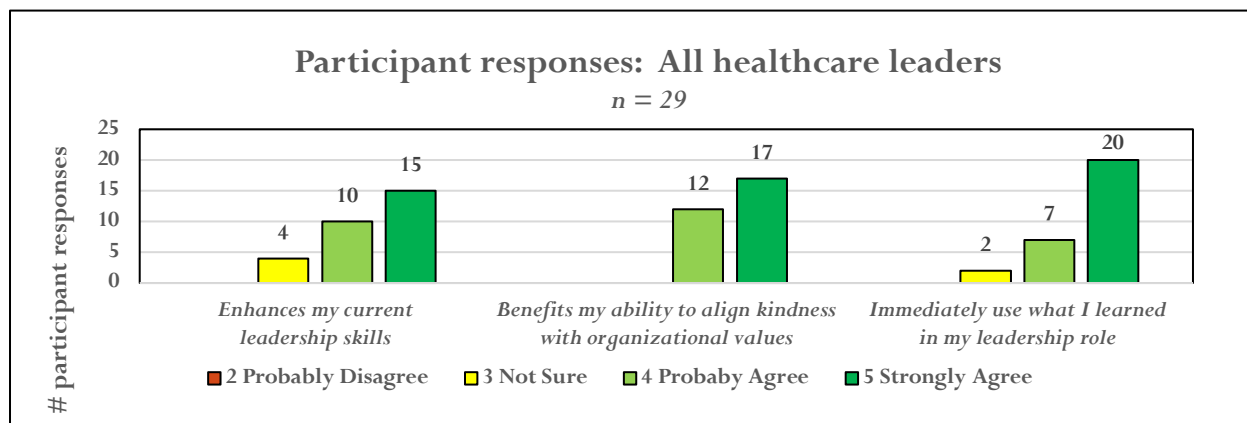
3 = not sure

2 = probably disagree

1 = definitely disagree

### Summary

*All leaders combined: results from all 3 Likert score questions*

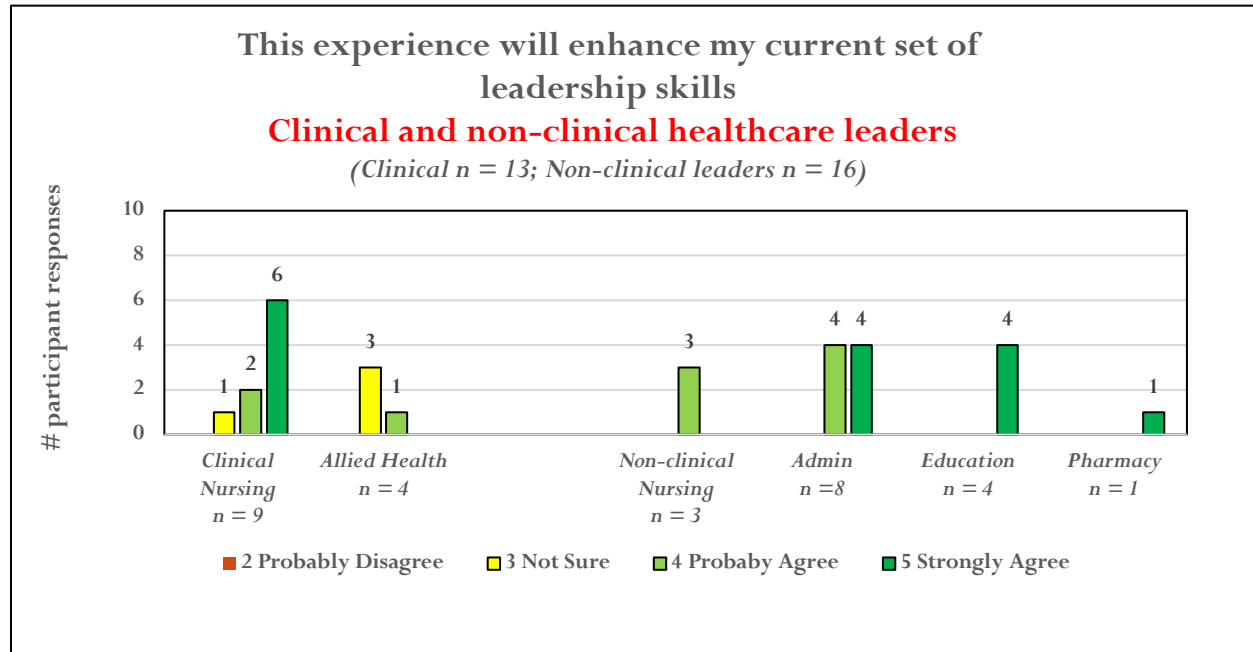


### Individual questions

**Question 1: Today's TNI experience will enhance my current set of leadership skills.**

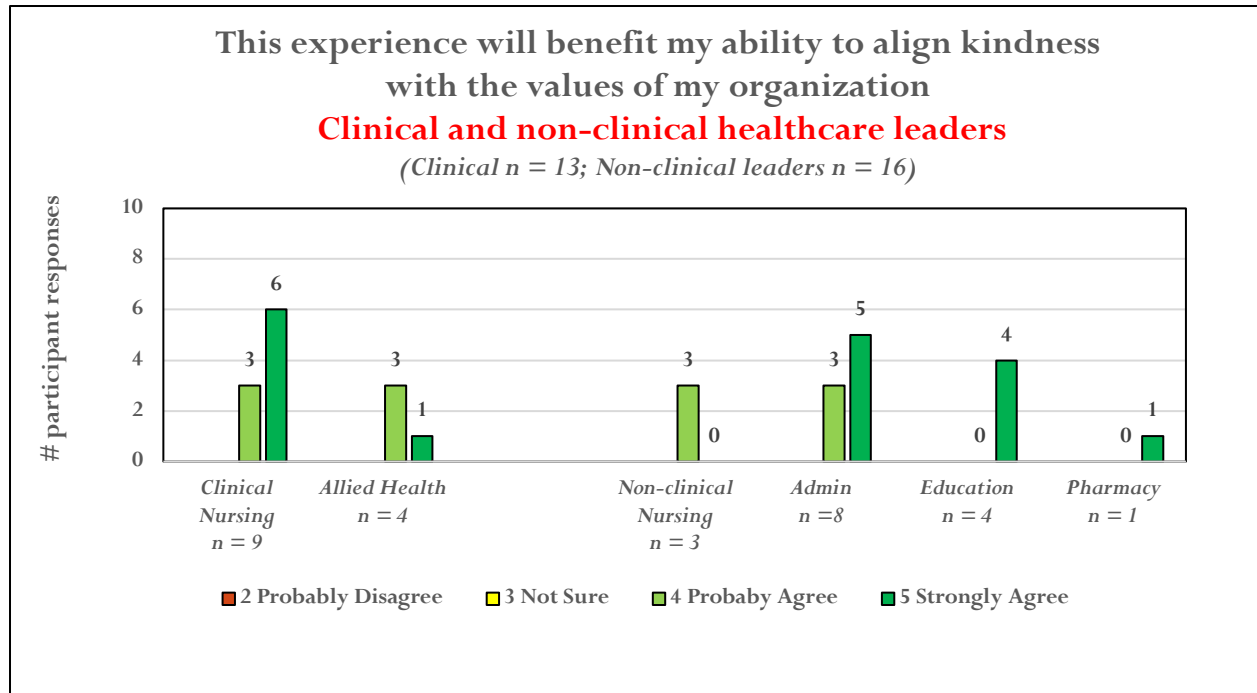
	Median	Range
Clinical medical professionals (n=13)	4	3-5
Allied Health (n=4)	3	3-4
Nursing (n=9)	5	3-5
Non-clinical medical professionals (n=16)	5	4-5
Admin (n=8)	5	4-5

Education (n=4)	5	0
Nursing (n=3)	4	0
Pharmacy (n=1)	5	n/a



**Question 2: Today's TNI experience will benefit my ability to align kindness with the values of my organization.**

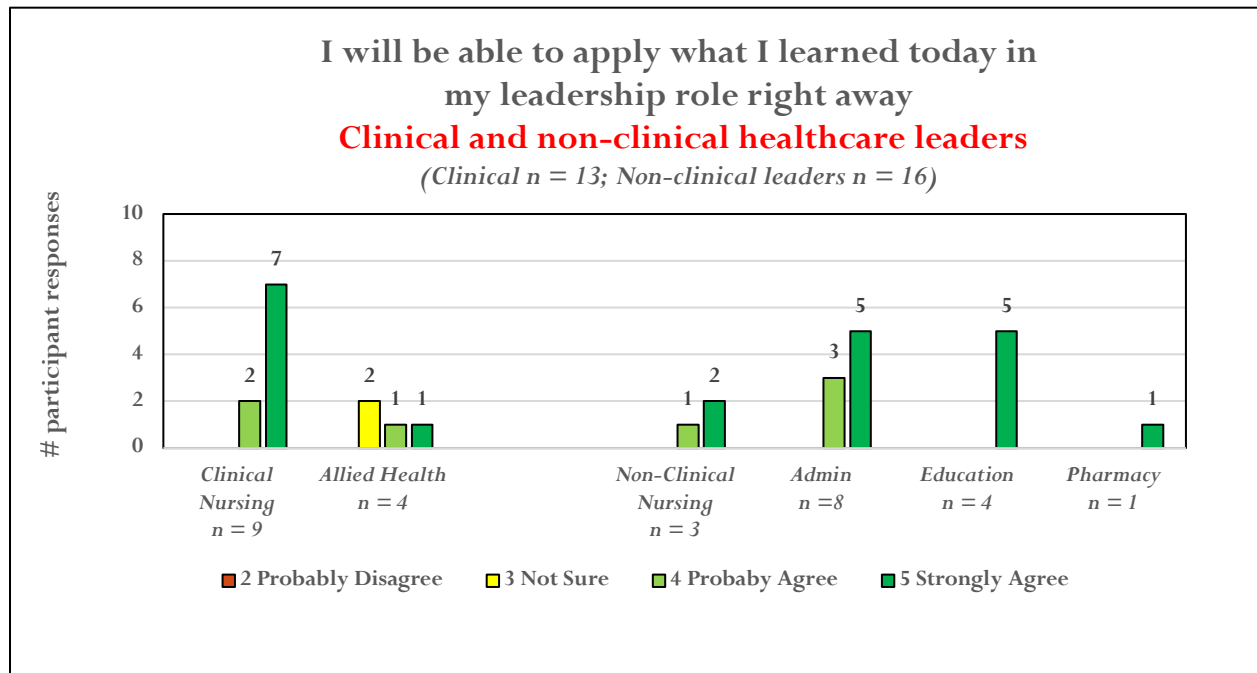
	<u>Median</u>	<u>Range</u>
Clinical medical professionals (n=13)	5	4-5
Allied Health (n=4)	4	4-5
Nursing (n=9)	5	0
Non-clinical medical professionals (n=16)	5	4-5
Admin (n=8)	5	4-5
Education (n=4)	5	0
Nursing (n=3)	4	0
Pharmacy (n=1)	5	n/a



**Q3: I will be able to apply what I learned today in my leadership role right way.**

	<u>Median</u>	<u>Range</u>
Clinical medical professionals (n=13)	5	3-5
Allied Health (n=4)	3.5	3-5
Nursing (n=9)	5	4-5
Non-clinical medical professionals (n=16)	5	4-5
Admin (n=8)	5	4-5
Education (n=4)	5	0
Nursing (n=3)	5	4-5
Pharmacy (n=1)	5	n/a





### Part III: Participant open-ended questions

Participants were asked to comment on three open-ended questions. Results are shown by frequency of major category of comment. Individual comments are then detailed by category.

**Question 1: What was the most useful message(s) you will take away from your experience with TNI today?**

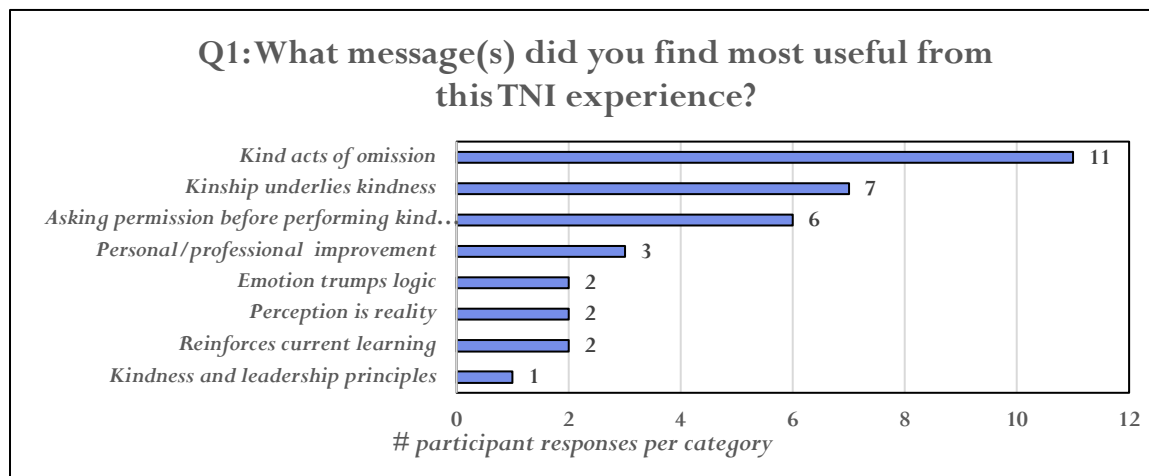
#### Key findings:

**A total of 34 participant comments were made.**

**32% Kind acts of omission**

**21% Kinship underlies kindness**

**20% Ask permission before doing a kind act for someone**



**Kind acts of omission**

1. Act of omission
2. Kindness by omission
3. Omission of Kindness [kind acts of omission]
4. Kind acts of omission
5. Kindness by omission.
6. The idea of kindness by omission
7. The [kind] acts of omission
8. Re: acts of kindness [by] omission
9. Kindness by omission.
10. Acts of kindness by omission
11. Kindness by omission

**Kinship underlies kindness**

1. Learning what is kinship and what is it about individuals that [makes] one unlike kin
2. Kinship underlies kindness
3. "kinship" scenario/conundrum
4. Unpack "kin"-- impact on relationships
5. Recognizing that a resistance to being kind to someone might be because I don't feel a "kinship" towards them.
6. Kindness links to kinship.
7. Learn to treat people as family.

**Asking permission before doing a kind act for someone**

1. Asking patient what you can do for them, how you can help
2. Ask first! "How can I help you today?"
3. As [someone] David said the open ended "what can I do to help you
4. Seek permission before action/inaction. Don't assume
5. Ask if someone needs help
6. Ask if people need help.

**Professional/personal improvement**

1. Unprofessional behavior -- ask how I can help assist achieve desired behaviors
2. It gave clarity as to why I struggle at times to be kind.
3. To be kind.

**Emotion trumps logic**

1. Emotion overrides logic
2. Emotion trumps logic

**Perception is reality**

1. That I should remember "perception" of the receiver of my kindness
2. Perception reminder, as that leads to "kin" aspects of own perception

**Reinforces current efforts**

1. Reinforces my training for team
2. Reinforcement of current approach

## Kindness and leadership principles

1. Relating kindness to Studer principles and how to use and communicate with staff

**Question 2: How will you put what you learned today into action in your organization within the next 12 months?**

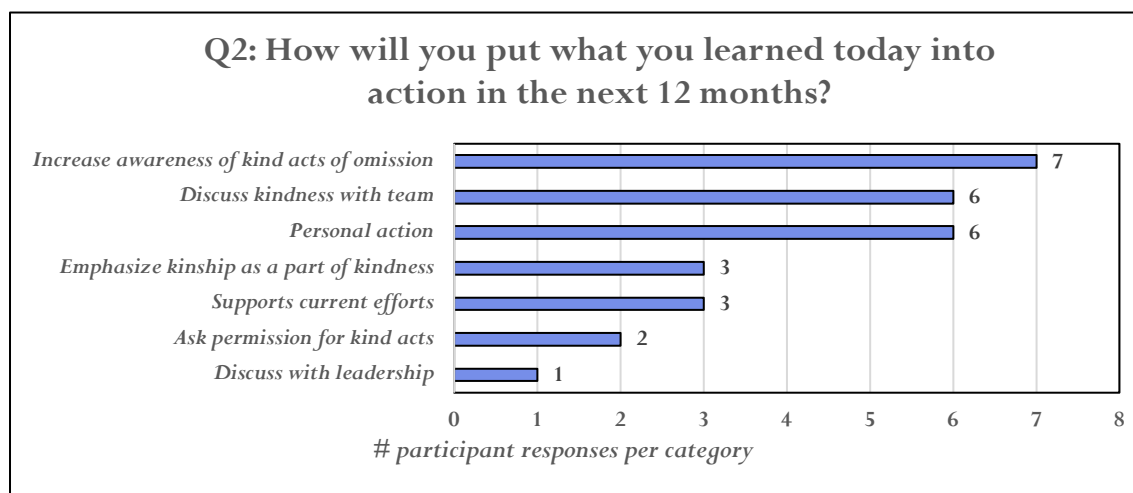
### Key findings:

*A total of 28 participant comments were made.*

*25% Increase awareness of kind acts of omission*

*21% Discuss kindness with team*

*20% Personal actions*



### Increase awareness of kind acts of omission

1. Kindness by omission will definitely assist team/alleviate frustrations/ misperceptions
2. Working to be kind and teaching other staff about kindness and omission of kindness [kind act of omission]
3. Think more about kind acts of omission.
4. Meaningfully/mindfully carryout omissions of kindness [kind acts of omission]
5. Increase awareness among team
6. Recognize omission = kindness + kind acts.
7. Remind people about "acts of [kindness by] omission which allows for kindness

### Discuss kindness with team/team dynamics

1. Discuss at team meeting
2. Discuss the above: Ask first, Kind acts of omission
3. Round and scrum [with] my team include emotional
4. Focus on patient/team perceptions of kindness
5. Discuss with staff at scrum and staff meetings.
6. Add to discussion with team to relate organizational values related to kindness -- to ensure this becomes clearer

### Personal actions

1. Think more about my body language and tone
2. I can control my actions/behaviors/responses 100%. Do it through kindness
3. Be open to everyone
4. Continue to be kind.
5. Have an increased level of empathy
6. Be kinder

### Emphasize kinship

1. I am going to actively attempt to identify what others demonstrate to be like kin or what others do not have
2. Reflecting on why I find people "difficult" to deal with. Put it aside --be kinder
3. Consider how I create and strengthen a culture around kinship. I think relating kinship to community will be key.

### Support current efforts

1. This will go hand in hand with my "What Matters to Me" quality patient project currently underway
2. By practicing these skills daily in my work with novice practitioner
3. Above (unprofessional behavior -- ask how I can help assist achieve desired behaviors)

### Leadership

1. Discuss with leadership group

### Asking permission

1. I will stop and think before immediately offering help. I will ask "What is important to you today?"
2. Ask permission to help (i.e. perceived kindness)

**Question 3: How can we improve this session for you and other leaders?**

#### Key findings:

*A total of 21 participant comments were made.*

*52% made comments reflecting a positive experience / thank you / don't change format*

*14 % made comments to expose others in healthcare to this experience*



### **Positive comments/Thank you/Don't change format**

1. I enjoyed the interaction
2. Thank you.
3. Stories were great -- use of self that is involvement of audience
4. Genuine group engagement
5. Keep strong in your mission, Lorraine --thank you for your kindness today.
6. Great session
7. It was great. Thank you!
8. I think giving the message that kindness is not separate to our jobs, but it is important in all aspects of our life.
9. It was short to the point. Don't change.
10. It was good
11. Nothing comes to mind

### **Expose others**

1. Further exposure across all levels of staff
2. How to engage others to be kind when they consistently are not
3. How to tell people that they are not being kind.

### **More time**

1. Bit more time
2. More story sharing

### **Change time/place**

1. The session is valuable but change time: If at 1330-1530 ANUMs/CNSs would be able to also attend in doable time
2. Different venue

### **Add video/Role play**

1. Role play
2. Video it and make available as a TED talk -- great for leaders to show at team meetings.

### **Smaller group**

1. Smaller groups for better interaction



---End of report ---  
January 4, 2019