

# Kindness in healthcare: why it matters and why BMJ Leader will focus on it

Robert Klaber <sup>1</sup>, James Mountford <sup>2</sup>, Dominique Allwood<sup>1</sup>

We live in extraordinary times: healthcare is fundamentally about *care*, and yet many of us are working in healthcare systems across the globe that can frequently feel unkind, uncaring and, at times, extremely brutal.<sup>1</sup> People working in healthcare are experiencing increasing stress and pressure, amidst a background newsreel that is almost unrelentingly negative. Healthcare leaders, however, must respond to this situation by finding ways within themselves and each other to engender hope about a better future with and for the people and communities their organisations employ and serve, and to take practical steps to deliver on the hope.

We believe that placing kindness at the centre of leadership action, an underused approach, is essential to advancing the mission of healthcare systems.<sup>2</sup> It is hard to imagine how we would otherwise develop more inclusive, more equitable, higher quality and more efficient healthcare.<sup>3</sup> Simply put: to engender hope and optimism, and to serve patients well, leaders must act and behave kindly towards others.

The editorial team has identified several strategic priorities for *BMJ Leader*. Among them is kindness, an emerging and understudied area in the healthcare literature. By prioritising kindness at *BMJ Leader* in 2024, we aim to foster dialogue, exploration, curiosity and understanding of this seemingly crucial area for individuals, teams, organisations and systems. As an academic, peer-reviewed journal we aim to grow the knowledge-base, and—we hope—establish greater legitimacy for leaders and others to prioritise and deploy kindness.

A growing body of evidence strongly argues for the power of kindness as a potent contributor to better care. Len Berry and colleagues have demonstrated that kinder care leads to better outcomes in patients with cancer.<sup>4</sup> Michael West<sup>5</sup> has spent a career demonstrating empirical evidence of the importance of compassionate leadership in building and

nurturing teams—the National Health Service staff survey is among the largest data sets in the world in any industry demonstrating the link between results that matter and compassionate leadership. Amy Edmondson<sup>6</sup> and Google's Project Aristotle<sup>7</sup> have shown that psychological safety is the most important condition leaders can create for a team to be high performing. We have found no better way for leaders to foster psychological safety than the action of behaving with kindness and explaining why they are doing so. The book *Compassionomics*<sup>8</sup> sets out the 'business case' for kindness and compassion: not just lower staff turnover, but for patients faster wound-healing, shorter length of stay and fewer readmissions.

As we make kindness a priority area for *BMJ Leader*, we invite submissions that explore and assess the extent to which kindness in healthcare leadership contributes to improved healthcare. There are multiple questions that such submissions can address. Just a few of these, which we are curious to better understand, include: What definitions of kindness in healthcare enable its study in ways in which are accessible and open to staff and patients? What are innovative, feasible and valid ways of assessing and characterising kindness in healthcare? What are actions that healthcare leaders can pursue to effectively focus on kindness and advance the ability of healthcare teams to create the conditions for careful and kind care? What is the role of our education and training programmes and organisations in this area?

Consider the problem of measurement. Kindness lives at the edge of two conflicting adages: 'what gets measured is what gets done', and 'not everything that can be counted counts, and not everything that counts can be counted'. Kindness counts, but how to assess it may require the creative use of quantification and characterisation to capture how patients, relatives and indeed staff are left feeling from interactions within the healthcare system.<sup>9</sup> In our experiences of working with healthcare leaders across the globe in a community of practice on kindness in healthcare,<sup>10</sup> the assessment of kindness is a top concern. In particular, these leaders seek ways to assess the conditions that foster kindness, the effectiveness of

interventions that centre on kindness in healthcare and the outcomes plus 'return on investment' of giving and receiving kindness.

We invite submissions from our international healthcare leadership, educational and research community. We welcome original research, commentary, review and perspective papers about kindness in healthcare. Top priority for publication will be given to submissions that help our readers understand fundamental issues related to kindness in healthcare.

For all that kindness is under-researched, under-recognised and often seemingly in short supply, we find that people working in healthcare sense it has an important role to play. People, perhaps leaders in particular, may not know how to talk about or act with kindness in the context of highly pressured days. They may believe (in spite of the evidence) that doing so represents being 'soft' on the challenges and insufficiently focused on results. We expect these publications in *BMJ Leader* will create legitimacy as well as understanding and give leaders greater courage to act with kindness to advance care for patients, and for staff. And this, in turn, will engender much needed hope. As Montori wrote, 'In a bleak world riddled with invitations for indifference, hope emerges from the work of generous contrarians, who against all odds, reject the comforts of foolish optimism, and choose to care.'<sup>11</sup>

**Twitter** Robert Klaber @bobklaber, James Mountford @mountfordjames and Dominique Allwood @DrDominiqueAllw

**Contributors** BK wrote the initial conceptual outline; DA and JM developed the text. All authors reviewed and shaped the final text.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not applicable.

**Ethics approval** Not applicable.

**Provenance and peer review** Not commissioned; internally peer reviewed.

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**To cite:** Klaber R, Mountford J, Allwood D. *BMJ Leader* Published Online First: [please include Day Month Year]. doi:10.1136/leader-2024-000991

Received 26 January 2024

Accepted 7 February 2024

*BMJ Leader* 2024;0:1–2.

doi:10.1136/leader-2024-000991

**ORCID iDs**

Robert Klaber <http://orcid.org/0000-0003-1191-496X>

<sup>1</sup>Imperial College Healthcare NHS Trust, London, UK

<sup>2</sup>Galileo Global Education, Paris, France, France

## Correspondence to

Dr Robert Klaber, Imperial College Healthcare NHS Trust, London, Select a state/province, UK; bob.klaber@nhs.net

James Mountford <http://orcid.org/0000-0001-7077-4317>

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