

Kindness the Key to Leading by Example

As improving workplace culture at the coalface of healthcare continues to prove challenging, bullying, harassment, equality, and mental wellbeing have dominated the discussion to date. Now the time has come for Medical Leaders and Managers to flip the focus and hone in on kindness and its role in creating cohesive work environments.

Influential Medical Leaders Professor Catherine Crock AM, co-founder of the Gathering of Kindness, and Associate Professor David Brewster, Deputy Director of Intensive Care at Cabrini and Clinical Dean at Monash University, believe a considerate effort needs to be made amongst the fraternity of Medical Leaders and Administrators if real culture change is to occur.

Well known for their advocacy and research on improving collegiality through kindness, the pair believe Medical Leaders hold crucial roles and influence to instil widespread behaviours of kindness across the healthcare system.

However, Professor Crock said there was often a disconnect between the executive and leaders in healthcare services and the people working on the frontline.

"I think it's absolutely critical Medical Leaders use their influential roles to promote the right sort of culture," Professor Crock said.

"I think often they seem to have a hands-off approach and they don't get closely involved on the ground. But it is becoming more and more evident that if you have your leaders involved, supportive, and modelling you'll make more progress with your culture."

Professor Crock said part of the problem, which was highlighted by the COVID pandemic, was staff felt a lack of care, value, kindness, and respect.

"You can cope better if you know the people above you are going to bend over backwards to get you the things you need to do your job and are ensuring you are looking after yourself, for example providing space and time for staff to debrief and recover," she said.

"Because you get to a stage where you can't give much more if the system is not giving you the space to look after yourself and your team. I think a lot of executives and leaders can be quite absent in that conversation. We know they're in their offices making very important decisions to keep the whole machine going, but if they neglect being connected to the experience of their staff, their workforce will suffer."

Associate Professor Brewster said it was key that healthcare leaders and managers displayed good behavior as well as "celebrating and championing good behaviour and kindness".

"Nowadays, medical leaders are perceived to be such important people within the hospitals which means they can have a tremendously positive impact," Associate Professor Brewster said.

"But there's always been a punitive approach to work and behavior at the healthcare executive level. For example, if a goal isn't achieved the focus is about the punishment and then the successes or the positives are missed because of that focus.

"When the administrators are seen to be celebrating the good

in clinicians, it helps create a much better relationship. So, if administrators are celebrating the acts of kindness they are seeing, that inspires and encourages more kindness and similar behaviours.

Professor Crock said as humans we thrive on encouragement and feeling safe. However, many healthcare workers on various levels are working under a culture of fear, she says.

"We're working in a culture of fear where you think you're going to get into trouble for not doing well enough, or making a mistake," Professor Crock said.

"Imagine if you take that fear away and you free people up to bring their whole self and their creativity to work knowing they will be appreciated and their managers are acknowledging their work, the whole system rapidly begins to thrive.

"Healthcare has been a system that up until now, has valued your academic performance and your ability to get everything right and it's been a threatening environment to show your vulnerability and to show that you might not have all the answers.

"I think leaders should be modeling kindness and encouraging this behaviour, talking about it, rewarding it and making sure we measure and value kind treatment among colleagues as one of the things we really care about."

Professor Crock said signs of a harmonious workplace is where staff are engaged, productive, and creative. Where people are enjoying each other's company, their work and they feel safe to speak up about any issues.

Medical Administrators need to "use the multiple markers of staff wellness they have at hand as a metric to measure progress of improved culture over time", according to Associate Professor Brewster. This should also be combined with the introduction of Key Performance Indicators (KPIs) around the behavioural performance of the leaders themselves, he said.

"Our Medical Leaders are much more influential than they were 20 years ago. They can strive to have KPIs around their own performance and how kind their hospital performs with respect to culture, that can be used as a marker of success," Associate Professor Brewster said.

"And also, what is a KPI for kindness? What are we using? Is it an audit of our hand-over behavior? Is it an audit of work satisfaction, stress, burnout, and wellbeing?"

"It's not just about the staff failing at being kind to each other. It's also the management level failing to create a culture of kindness. I think it would be refreshing to make this measure of how the hospitals are tracking."

The responsibility and accountability to behave in a certain way

and demonstrate the right way forward to staff sits firmly on the shoulders of Medical Leaders, Associate Professor Brewster says.

"If those senior staff are taking the culture in the right direction, it's going to make it so much easier for everyone else to follow and to change the culture across all levels," he said.

"I remember rounds as a junior doctor where the senior staff would berate the junior staff at the bedside and that was our way of learning. Then that behavior became mimicked by the junior staff as they moved into senior roles.

"I think there is also silo behaviours between different clinician groups as well as management and clinicians, and this is a long standing problem in certain hospitals. It is an 'us against them' mentality, tribal behavior which no one has ever broken down. The existence of the behaviour continues to be acknowledged, yet no one ever challenges that it should not be there.

"The continuing negative language has a big impact. The constant negative interactions between departments creates even more fear and anxiety, and we just need to break all of that down and have an environment where every interaction is a positive one where people feel safe to perform at their best."

Associate Professor Brewster said healthcare was moving into an environment of shared leadership and interprofessional teams, however junior doctors are continually taught to concentrate on individual performance.

"The culture of always being ranked and competitive when we are in training is a big contributor to the lack of collegiate behaviour,"

Associate Professor Brewster said.

"Rather than working as a team or working towards goals together where we are assessed together, we're always seen as individuals and having to be better than the person next to us. I think it is this type of competitive environment which leads us to constantly put each other down.

"In an industry which works within a hierarchical system, it is fraught with individuals focused on individual gain and individual notoriety. Unfortunately, they are the ones who seem to succeed, which doesn't create a culture where kindness can flourish."

Associate Professor Brewster said everyone inherently wanted to be kind, but somewhere along the way unkindness had been celebrated and seen to be more successful.

"With the leadership and guidance of Medical Administrators and executives we need to turn that around," he said.

"If kindness is not seen to be beneficial then people won't do it."

Useful Links

- [Gathering of Kindness](#)
- [COVID-19: a chance to embed kindness in our health care](#)
- [Adding kindness at handover to improve our collegiality: the K-ISBAR tool](#)
- [Hush Foundation](#)
- [When rudeness in teams turns deadly | Chris Turner TEDxExeter](#)



Professor Crock has worked closely with patients and families to redesign services and improve quality and safety. She is Chair of the Hush Foundation which transforms healthcare culture through the arts. Hush has collaborated with playwright Alan Hopgood AM to develop plays which are performed in hospitals and Aged Care to raise awareness of patient centred care, communication and patient safety issues. She cofounded the Gathering of Kindness, a movement promoting a kind health system. Catherine is also a Professor at Deakin University, Centre for Social and Early Emotional Development.



Associate Professor Brewster is currently the Deputy Director of Intensive Care at Cabrini, as well as Head of ICU Research, Clinical Dean for the Monash University Clinical School and a practicing anaesthetist. He is an advocate for student well-being and has published in the MJA on improving collegiality through kindness in the workplace. David is an internationally recognised expert on airway management in intensive care and anaesthesia. He was the National lead for Australia and NZ for the INTUBE study (recently published in JAMA and funded through an ESICM grant). In 2020, David was the lead author of the national guidelines for airway management for COVID-19 patients.