

# INTELLIGENT KINDNESS: REFORMING THE CULTURE OF CARE

A CONTRIBUTION TO YOUR CONVERSATION

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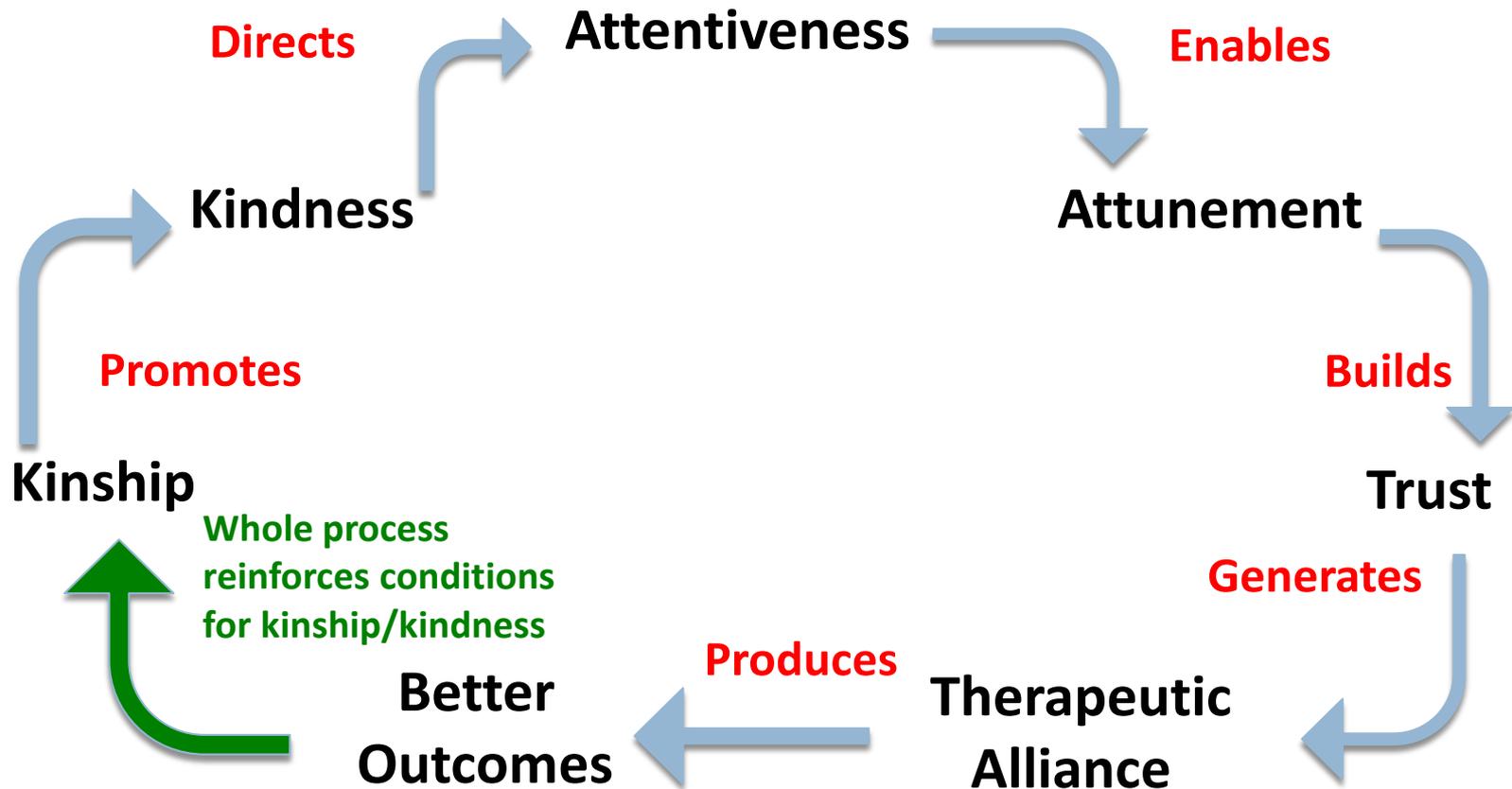
# The demand for compassion

- That expectation is natural – people suffer
- But it can focus too much on suffering, instead of on connection, understanding, effort
- It can suggest that it's all down to individual virtue instead of being one emergent element of a collective connectedness
- The understandable anger and demanding tone so often behind the expectation makes it harder
- It can leave you struggling with just how hard it is in the face of ill-being, suffering and death

# Kindness

- A broader, less individualistic and ‘virtuous’ word
- Means the recognition we are ‘kin’, of a kind, a family
- Means that, because we are kin, we are moved to pay attention, to feel with, to use our imagination for, to help, be generous to, the other – not just to ‘suffer with’
- Means we use our intelligence, skills and resources on behalf of the other
- Means we are acting on behalf of, with and for the wider society – we’re all in this together
- Means its not just altruistic – kindness is in everyone’s interests and a collective responsibility

# A virtuous circle





And that's true for work with

- ▣ Service users and their families
- ▣ Colleagues
- ▣ Partner Agencies
- ▣ Relationships between 'leaders' and 'staff'

# Necessary conditions

- Ability to bear the patient in mind
- Imaginative understanding of what contribution one's intervention can make to their experience and circumstances
- A sense of freedom, and agency
- A repertoire of skills – in communication and in clinical intervention

# But it's hard

- Keeping yourself together in the modern world is pretty challenging in itself
- 'Families', whatever their comforts, are hard work
- Being open to ill-being, suffering and death is frightening, upsetting and very tiring
- People (patients and colleagues!) are complicated and often hard to make sense of or include
- It's hard to stay open when so much of the world seems closed or determined to close you down
- Benevolent kinship systems are highly vulnerable

# How can it go so wrong?

- We're all human: we have feelings, wishes, things we find hard to face, that make us angry and turn away
- Some people are hard to respond to as kin
- Teams can become troubled and unhelpful
- Specialisation can fragment collaboration, lead to dumping of responsibility, and to forgetting of the 'whole person'
- Coercive or 'instrumental' authority, group and role pressure can pervert our attitudes and behaviour
- Bureaucracy and compliance can keep us looking over our shoulders
- Commodification and industrialisation squeeze out kinship
- The market de-stabilises and corrupts
- Society is highly ambivalent

# The Perverse Organisation

- Instrumental relations are dominant
- People are used as a means to an end
- Seeking individual gain at the expense of the common good
- Turning a blind eye

# What can help?

- Teams that nourish intelligent kindness, working through problems, and collaborative work with others
- Working relationships with other services organised to make it easy to cooperate around the patient
- Leadership that knows how hard the work is, and what needs to be done to help maintain 'relational' work
- 'Management' that does its best to reduce distraction, anxiety and the 'mechanisation' of practice
- Elimination of the 'marketisation' of the system
- Service user stories, not 'customer ratings', to guide service development and improvement

# Intelligent kindness in leadership

- Be explicit that health/social care involves emotional work
- Be explicit about the intrinsic horrors, anxiety and cost involved in meeting ill-being, and of the need for 'self-overcoming'
- Accord due status to kinship, attentiveness and quality of relationship in the ethos and skills of staff and the wider organisation
- Promote and expect self-awareness and reflective practice, in individuals and teams

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- Teach staff about stress and burnout, helping them recognise the signs in themselves and others and facilitate access to appropriate help
  - Ensure staff are exposed to and reflect upon real narratives of *people* needing and using services – not just of illness, diagnosis, care and treatment
  - Help the staff understand the dynamics of industrialised, commodified and performance managed services and do your best to minimise their effects