There is a great need for kindness in this world, and nurses often witness life circumstances best addressed with gentleness, compassion, and kindheartedness. The need for a dose of human kindness can be subtly or desperately displayed during all sorts of health encounters that occur across a variety of settings at the sharp point of care. Kindness by definition is the quality or state of being kind. It is associated with behaviors, including considerate or kind acts. A worthy nurse may be perceived as kind, but this virtue has significant value only when associated with an action.

The challenge for providers of all types is figuring out how to deliver kind care within the context of a health care system that is typically ambiguous, resource-strapped, bureaucratic, complex, and fast-paced. Fatigue and irritability are often associated with intense work environments, and these emotions are counterproductive to consistently providing doses of kindness to those who need it most. Technologies are often essential and useful; however, this utility may have a toll on attentiveness and human connection, thereby reducing opportunities for displays of kindness during the care encounter.

Nurses and other providers need to consider a deliberate and consistent approach to dosing kindness during interactions with patients/clients and colleagues.

Developing a strategy to demonstrate small and large kindnesses during patient/client encounters is one way to acknowledge the needs of the care recipient’s whole self. Kind interactions with colleagues likely promote teamwork, collegiality, and healthy work environments. Self-kindness is also important to promote self-care, self-forgiveness, and well-being. Ultimately, dispensing kindness across caring domains that include patients/clients, colleagues, and self reflects a conscious choice to gently and compassionately interact without negative judgments in an effort to “boost not knock” and to offer tender and useful care. Providing conscious kindness in deliberate, purposeful dosing may also assist in developing attentive and mindful practice routines. Nurses should consider regularly dispensing doses of kindness as a strategy to address holistic health care needs.

**PATIENT/CLIENT KINDNESS NEEDS**

Nurses often encounter elderly clients who are painfully lonely. Loneliness occurs across a variety of relationship types, including health care relations. Karhe and Kaunonen analyzed the concept of loneliness within the context of health care. Findings revealed 7 aspects of loneliness and offered implications for care. Social loneliness is likely a more commonly recognized loneliness type as it relates to an absence of a sense of belonging. Loneliness experienced in relations with health care providers is another type of loneliness and, perhaps, most amenable to the influence of kindness offered by nurses and providers.

Loneliness in health relations is associated with a lack of being heard and recognized as a unique individual. Lonely individuals within this context...
experience feelings of objectification and transactional exchanges.3 Dosing kindness would likely address some of these feelings of disconnection and dehumanization, particularly since eye contact, attentiveness, active listening, and genuine interactions did much to alleviate this particular loneliness typology.3 Patients experiencing health care loneliness want connectedness, and kind nurses could certainly focus on relating to these care recipients in powerfully authentic ways that could include personalization of care conversations and connecting using active listening and empathy.

Loneliness is a critically important concern in health care that may respond to kindness dosing; certainly, it is unlikely that kindness will worsen or exacerbate feelings of loneliness. The prevalence of loneliness is reported as 12% in older men and 38% in older women.4 Approximately 1 in 5 older American adults face loneliness.4 While there is a need to better understand interventions that could best improve states of loneliness, doses of kindness dispensed during occasions of interactions could offer opportunities for men and women to share and explore their sense of isolation and aloneness.

There are other opportunities for kindness administration in addition to those occasions of patient/client loneliness. Responding to varying and diverse needs including biopsychosocial, spiritual, and practical or material needs provides chances for dosing kindness. Small gestures that might include sharing a personal story or joke, taking the time to sit and connect, offering personal information, listening to anecdotal information about past experiences or family circumstances, and chatting about a pet or hobby are examples of deliberately connecting in an authentic fashion as an act of kindness. These strategies demonstrate nursing presence.5 The reciprocal giving and receiving that occur during moments of a caring presence also buoy the provider and, occasionally, may rekindle professional enthusiasm or relieve feelings of professional burnout or disconnectedness. Acts of kindness often have their own rewards and contribute to an environment of holistic healing.

EXTENDING KINDNESS TO COLLEAGUES

Workplace dynamics can be uncivil and violent. There are many factors that encourage a sick organizational dynamic, including heavy workloads with long hours, poor and ineffective interprofessional relationships, and insufficient resources. There are few intervention studies that offer substantive recommendations for curtailing and preventing violence.6 Violence reporting rates are low within the health care system, likely due to inadequate or nonexistent reporting systems and also the tendency of nurses and other providers to excuse violent behaviors because of an empathetic and caring worldview that may countermand the obligation to report.6 The American Nurses Association recognizes incivility, bullying, and violence as important concerns in nursing and has set a zero tolerance policy.7

A violent environment is nontherapeutic, and it contributes to high staff turnover and increased numbers of errors.8 Using kindness as a deliberate strategy to mitigate workplace violence makes sense. Published literature provides many examples of bullying and incivility that are unkind. Simple messaging that emphasizes the importance of kind and gentle communication is important. Reminding colleagues of the obligatory nature of the “golden rule” is not a trivial intervention. When nurses role model kindness and demonstrate actions that are consistent with the belief that team members should be treated in the same ways that they themselves hope and expect to be treated, powerful examples are then available for others to witness, including new nurses, students, patients, physicians, and other providers.

Small acts of kindness are important contributions to the practice milieu, and the ripple effects associated with these actions can be persuasive and penetrating in their influence on communication norms. Taking the time to assist others with care, inquiring as to colleagues’ well-being, smiling, avoiding and stopping gossip, and actively listening are a few examples of doses of kindness extended to colleagues.

SELF-COMPASSION AND SELF-KINDNESS

Nursing work is often joy-filled and satisfying, but it is also difficult and performance expectations are high. As a result, it is likely that nurses will intermittently experience feelings of inadequacy and powerlessness. Most will make mistakes on occasion and some may fail to act correctly, thereby compromising patients’ welfare and their own ethos of care.9 Self-kindness is
a component of self-compassion. Germer and Neff offer strategies to develop skills that enable and promote self-compassion. They assert that failure and imperfection are normal. Avoiding self-flagellation over real or perceived inadequacies is important, as these negative conversations with the self can be destructive and pathological.

It is likely that nurses are kinder in their responses to others than they are when responding to self-critique. Learning how to forgive oneself and offer kindness and compassion to the self are holistic interventions in self-care. Germer and Neff comment that learning how to be self-compassionate promotes resiliency, a highly desirable characteristic.

Kindness is demonstrated in acts of goodwill that are authentic, caring, and compassionate. Nurses and other health care professionals should consider strategies to mindfully dose kindness during interactions with patients/clients, colleagues, and self. It is likely that acts of kindness will positively affect suffering, violence, and loneliness, as well as disenfranchisement. There are opportunities to add doses of kindness to our plans of care for others and self. The importance of these opportunities should not be minimized, as these actions serve to model kind and compassionate behaviors to patients, families, colleagues, and others. Helping restore wholeness to self and others via kind and compassionate caring interventions demonstrates authentic commitment to holistic nursing practice.

REFERENCES