Embracing the Kindness Management and Leadership Facets in a Humanitarian Aid Mission. The Personal and Professional Experience of the Head Nurse of the Israeli Delegation to Cebu 2013

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Abstract: Our paper aims to illustrate the importance and challenges of kindness management and leadership in the humanitarian aid mission experienced by the Israeli Delegation to Cebu 2013 in the context that the Typhoon Haiyan hit the Philippines in November 2013. Using the case study method that reflects the personal and professional experience of the first author of the paper, in her professional position as a head nurse, we highlight the different facets of kindness management application.

Keywords: *Kindness management and leadership; Philippines Humanitarian Aid Mission; Israeli Delegation, Cebu 2013.*

How to cite: Mezan, R., Tamir Tetroashvili, L., & Agheorghiesci, D.-T. (2019). Embracing the Kindness Management and Leadership Facets in a Humanitarian Aid Mission. The Personal and Professional Experience of the Head Nurse of the Israeli Delegation to Cebu 2013. *Postmodern Openings*, 10(2), 125-136. doi:10.18662/po/75

1. The Concept of Kindness

The roots of kindness are in the Old English word *cynd* signifying kin (nature, family, lineage). Kindness carries an acknowledgement of being of a kind, in kinship. This recognition motivates people to cooperate, to be generous and thoughtful (Campling, 2015). Some theoreticians regard the roots of the concept in religious beliefs/emotions. In Buddhism, Judaism, and Christianity kindness is referred as a duty owed to friends as well as to enemies (Passmore & Oades, 2015).

The mere definition of the term, provided by the Cambridge Dictionary (<https://dictionary.cambridge.org/dictionary/english/kindness>), reflects personal qualities focused on generosity, helpfulness, care about other people but also the act reflecting these qualities.

Kindness has been defined in numerous ways by diverse intellectuals.

Ryon (2013) regarded kindness as an authentic act with a single purpose for helping another. Passmore and Oades (2015) defined kindness as “selfless acts performed by a person wishing to either help or positively affect the emotional state (mood) of another person” (p. 90).

Kindness has been discussed and researched in the field of positive psychology. Positive psychology focuses on attaining better functioning through executing character strengths. Kindness was classified as a character strength within the virtue of humanity in a classification of character strengths (Peterson & Seligman, 2004). Moreover, kindness was found as a character strength that mediated the negative effects of physical illness on life satisfaction (Park, Peterson, & Seligman, 2006).

The expression or suppression of kindness has also been researched. Yagil (2015) found that suppressing kind emotions causes more discomfort than suppression of malevolent or neutral emotions in a service-related interaction. Additionally, in a field study simulating service employee–customer dyads results showed that withholding kind emotions was negatively related to customer satisfaction. Thus, the researcher concluded that suppression of positive interpersonal emotions, as part of job requirements, may be undesirable (Yagil, 2015).

Kindness has been studied in relation to wellbeing. There is evidence that people are willing to help family, friends, spouses and community members. In a current review Curry & all (Curry, Rowland, Van Lissa, Zlotowitz, McAlaney, & Whitehous, 2018) meta-analyzed experimental evidence that kindness interventions boost subjective well-

being. This meta-analysis found that the overall effect of kindness on the wellbeing of an actor is little-to medium. However, the variability of the analysis was very high including multiple control conditions and dependent measures. Filep & all (Filep, Macnoughton, & Glover, 2017, p. 34) explored the acts of kindness received by tourists from strangers, during their travels, and tried to understand how they personally value that. One of the benefits mentioned by tourists was the “eudaimonic growth” (their “eudaimonic well-being” being enhanced).

In their critical reflections based on given definitions to the concept, Dufwenberg & Kirchsteiger (2018) highlight that kindness is in the middle of the reciprocity theory of motivation, “may influence economic outcome” but also they suggest that the concept “is relevant more generally” (2018, p. 6).

Gürtler & all (Gürtler, Walkowitz, & Wiesen, 2019) analyzed the impact of “endogenously disclosing the discretionary kindness” by companies ‘agents on the customers, and the conclusion is that they significantly reward it.

Adding the adjective ‘intelligent’ to kindness Campling (2015) introduced the concept of "intelligent kindness" implying a positive inspiring force rather than a sentimental feeling or action. Thus, the concept of kindness enters the world of organizations and management.

1.1 Kindness Management and Leadership

Baker & O'Malley (2008) explored the concept of kindness in real-world application in their book *"Leading with Kindness"*. They classified six fundamental features of the Construct: compassion, gratitude, integrity, authenticity, humility and humor. Authentic leadership is the outcome of integrating these features.

Caldwell (2017) recognized the importance of kindness as a moral duty of human resource leaders in the paper *"understanding kindness"*. Kindness is identified as leadership trait with six elements of the concept: Authenticity, humanity, respect, perspective, integrity and competence. Thus, authentic leaders are true to themselves and to others, they act as they believe (Caldwell, 2017); Leaders with humanity are committed to both the organization's and employees' best interests (Bass & Riggio, 2005); Managers combining kindness with respect are honest while deferential (Caldwell, Hayes, & Long, 2010); kind leaders have the ability to develop refined perspective about people and situations (Caruso & Bhardwaj, 2012); Managers combining kindness with integrity generate systems reflecting their commitment to both employee and organizational capacity (Senge, 2006;

Beer, 2009). The integration of kindness and competence create an additive effect on organizational performance (Casciaro & Lobo, 2008).

Caldwell perceives kindness as an ethically- and morally-based leadership concept. Kindness has distinguishable value for managers seeking to develop commitment, enhance trust, and accomplish organizational goals.

Literature discusses the benefits of kindness management to both organization and employees. Kindness among managers affects organizational culture, workers commitment, performance and well-being.

First, kindness allows leaders to practice their tasks in working both for employee benefits and responsibilities to the organization (Hernandez, 2008 & 2012). Courtesy and respect exposed from leaders create an interactional justice and an environment where workers are treated as valued partners (Lind, 2001; Block, 2013). Furthermore, modest leaders create environment for learning and growth. Through kindness leaders build a positive organizational *culture*.

Kindness influence one of the core outcomes of organizations – employees' *performance*. Competent managers assist workers to refine their skills and gain vital knowledge necessary to performing their responsibilities (Mitchell, Obeidat, & Bray, 2013). Christensen (2016) advocates that the trust that employees are treated fairly and kindly has a predictable impact on employee motivation to produce beyond the standard. Finally, a kind leader communicates expectations and goals, thus encourages workers to improve and motivates them to try out new things (Baker & O'Malley, 2008). Moreover, through kindness and genuineness, leaders inspire employee *commitment* (Verplanken & Holland, 2002). Authentic leaders promote positive self-development of employees (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008) and thus attach them to the organization. Kindness leadership is perceived as effective in both developing high commitment organizational cultures (Baker & O'Malley, 2008).

Finally, there is evidence of a correlation between kind leadership and employees' health. Results of a meta-analysis found that employees with good leaders benefited from higher levels of psychological wellbeing together with lower levels of anxiety and depression (Kuoppala, Lamminpää, Liira, & Vainio, 2008).

2. Kindness Management in the Humanitarian Context

The field of disaster management is exceptionally challenging. It is not an "organization" per se. Yet, it involves elements of leadership and management, staff performance, culture and workers' well-being.

Health aid providers working in humanitarian delegations are exposed to demolition, harshness and devastation. Disaster relief workers are predisposed towards post-traumatic stress disorder, depression and anxiety (Benedek, Fullerton, & Ursan, 2007).

Empathy fatigue, compassion exhaustion, burnout and secondhand traumatization are among the risks of disaster relief providers (Byrne, Lerias & Sullivan, 2006).

Due to the potentially devastating results aid workers can experience, they must be supported. Johal (2015) asserted that the impact of working in disaster management should concern managers and leaders.

That is where kindness leadership comes in.

The next section presents a case study that illustrates the personal and professional experience of the first author of the paper (in her official position as a head nurse) describing the challenges of management to coordinate the activity of the team in a disaster area, and the leadership decisions taken there, by the perspective of kindness concept.

2.1 The Case Study

2.1.1. The context

Typhoon Haiyan struck the Philippines at November 2013 destroying parts of Southeast Asia (Harris, 2013). According the data provided by the NDRRMC (The Philippine National Disaster Risk Reduction and Management Council, 2013), this typhoon affected 3,424,593 families (16,078,181 persons), killing around 6.300 people, while 1,062 were missing and 28,688 injured. A number of 5,130,580 persons needed support in the inside and outside evacuation centers.

Foreign delegations were sent to the Philippines – one of them was from Israel. A number of 30 nurses participated to the Israeli delegation, for a 17 days period. It was located in Bogu, in the northern province of Cebu.

The Israeli delegation provided medical treatment to the typhoon victims. The delegation included both medical professionals and Home Front Command search and rescue experts.

The Israeli field hospital has become the central medical facility in the area, with a population of 250,000, treating on average over 300 patients a day.

Medical treatment was provided to those in need, such as people suffering from chronic illnesses and other medical conditions. Life-saving surgeries were performed and 36 babies were delivered. The delegation team

also repaired harmed Infrastructures such as schools and water facilities (Israel Ministry of Foreign Affairs, 2013).

The personal experience of the head nurse (the first author of the paper) in the humanitarian mission in Philippine illustrates the different facets of the management and leadership kindness issues.

The team's experience – compassion and human dignity and friendship values prevalence

The delegation arrived to the Philippines on November 13. People were driven by the "call" of the mission. Doctors, nurses, and medical staff who came to Cebu left their homes, families, and jobs, immediately upon hearing there was a need. They were motivated by compassion and guided by the values of human dignity and friendship.

The commanding managerial staff led the planning processes but also took an active part in the construction. Doctors, nurses and other providers – expecting for heroic missions - were required to build and prepare the field hospital. Thus, leaders and staff worked together in the preparedness phase while building a mission partnership.

After preparedness phase the staff started working at the field hospital. The first day of work was long and busy treating dozens of local patients – wounded children and injured adults. People stood on their feet all day long forgetting about their basic needs. At the end of the day, they were hungry, tired and exhausted.

As a head nurse of the delegation, facing a tired team I was called for action – I had to take a step which will enable the staff to ventilate and refresh. The following are the major steps I took as a leader.

Debrief and group ventilation - promoting sharing and common reflecting under the pressure of the exhaustion

I asked the nursing staff to stay for conversation – spontaneously the setting took form as a circle. The first managerial thought was of making a motivational talk that would encourage people. Yet, reflecting over the experience – I chose the Debrief technique. Though I had an experience of the technique as a participant in military missions, I had neither knowledge nor training in the field.

I started the conversation, people began to talk and tell. I felt that I had to allow them to ventilate, people shared the hardships of the days since we left our homes, some proudly told what they did during the work day describing challenges and dilemmas in action, sharing positive experiences and difficult events.

Younger and older staff members found themselves experiencing similar dilemmas and challenges, allowing them to relate to each other. People encouraged each other, strengthening through sharing and reflecting.

In order to encourage openness and cooperation I chose to take an active part in conversation. Though people were tired and the prolonged talk they stayed in the circle. At

the end of this spontaneous Debrief, I felt the staff had ventilated and refreshed - people laughed, took pictures and accompanied each other walking to their accommodations. The motivation for work the next day was very high.

This ritual became a routine in the delegation life. Almost daily conversations, circle sharing and common singing though the exhaustion.

Breaks and easing – a way to transmit care and support to the team

Maintaining proper functioning over time is a managerial challenge in disaster areas.

Keeping the breaking and resting hours is critical to the success of teamwork.

Moreover, since the fourth day we brought people to out-of-the-way tours to get to know the local culture, to relax and refresh. These tours exposed the team to the great destruction emphasizing the significance of the mission. People felt cared about and supported by their leaders.

Feedback of the team – empathy, sensitivity and attention to the members'needs and feelings

Feedback is a meaningful valuable managerial skill in disaster area.

Through one on one conversation concerning the employee's performance and needs the individual feels that he is being seen.

Personal feedback was held through the working day – the individual staff member reflected his/her experience, difficulties and needs. As a manager I was empathic, sensitive and attentive to the individuals' frustrations, appreciated his/her performance and encouraging future function”.

3. Discussion

This article reviewed the concept of kindness leadership and described the personal and professional experience of a head nurse in managing the team in a humanitarian mission in a disaster area.

Managerial actions taken in humanitarian context are different from those taken in an ordinary workplace – the rationality and the distance of the regular management should be replaced with compassion and closeness.

In this section we will summarize the managerial actions described above with literature of kindness leadership.

The first managerial step described concerned the leader as a model. In the preparedness phase the team members saw their leaders building the field hospital together with them. They saw their leaders as competent. Competency is one of the kindness management elements (Caldwell, 2017). Competent leaders help workers to improve their skills and knowledge for better performance (Mitchell, Obeidat, & Bray, 2013). Moreover, in participating in the construction mission the commanders showed integrity –

creating partnership with employees, building trust and commitment (Beer, 2009).

The Debrief technique involves humanity and kindness. Leaders integrating both values are committed to the mission as well as workers best interests (Bass & Riggio, 2005). This managerial step contributed to the team building, to create a group belonging and to develop a team atmosphere. Schwartz rounds - a multidisciplinary forum designed for staff to discuss and reflect on the non-clinical aspect of caring for patients – is an example of a similar frame (Schwartz, 1995). The debriefing provides an opportunity to share narratives with each other, and deliver an experience through which to share and connect (Johal, 2015).

Keeping stopping breaks and refreshing is a managerial step common in any employment model. Yet, along with the local tours it is less common in humanitarian context. This step involved kindness and respect (Caldwell & all., 2011).

The staff felt appreciated and cared of. It contributed to an atmosphere where workers are treated as valued partners (Lind, 2001; Block, 2013).

Routine feedbacks are also "ordinary" managerial tool. In humanitarian context it is most significant and should be "softer" in nature. Manager should be authentically warm, express appreciation in friendly, informal manner. This is consistent to previous work asserting that authentic leaders promote positive self-development of employees (Walumbwa & all, 2008).

Finally, in order to provide care with compassion, staff must feel supported in their work. Kind leadership may assist to increase staff sensing that they are sustained in their work and thus they retain their empathy and humility for patients when working in difficult circumstances (Johal, 2015).

Debriefing, routine compassionate feedback, keeping a respectful routine, sharing mission as partners are managerial steps expressing kindness on the one hand and proven effective on the other.

Above all, creating an atmosphere of kindness – compassion to local patients, sympathy among staff members and consideration between leaders and staff – were all managerial processes integrating between employees' needs and mission accomplishment.

Obviously, as Murray & Gill state (2018) in the healthcare sector, practicing kindness is a critical aspect in the relationship of medical staff with its patients.

Kindness can become the treatment itself in healthcare organizations or nursing professions. These are pressured by „challenging

conditions...stressfull interpersonal relations...”, and in the end could „became unhealthy organizations on their own” (Taştan, 2017, p. 103).

Although we recognise that its success is well guaranteed when is rooted in the empathy, good feeling and intentions of the person, a kindness management is necessary, especially since kindness concept can have different sources for each individual, depending on his character and/or education.

Since the application of kindness is related to human relationships, and is based on ethical values that should be instilled by a „kind leader” (*compassion, empathy, altruism respect, fairness*, according to Murray & Gill, 2018)), the kindness management is required in the organizational context, in order to establish its importance and mission, to conect with the organisational culture, to shape its forms and strategies, and with the aim to avoid confusion, intercultural gafs, or lack of adequate response, especially in crisis situations .

The kindness should not be only spontaneous, promoted time to time, practiced in the name of an intuitive feeling, or left to the person's discretion. In this sense, managers and leaders must play a visible and credible role in instilling and promoting in practice the values and the force of kindness, but also to create and support the legitime system of it in organisation .

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