

The Revolution of Kindness as a Vaccine for a More Humane World

Dr. Ignacio Bonasa Alzuria

*Correspondence: Dr. Ignacio Bonasa Alzuria

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Abstract

Objective: To examine whether kindness can be conceptualized as a relational and institutional protective factor against loneliness, polarization, organizational exhaustion, and the erosion of social trust.

Method: An integrative review was conducted across psychology, public health, education, prosocial behaviour research, and organizational studies. The search strategy was structured, bilingual, and oriented toward high-value academic sources, prioritising reviews, meta-analyses, and widely cited empirical studies.

Results: The literature converges around five broad findings: a) kindness and prosocial action are associated with higher subjective well-being and meaning; b) social connection and supportive relationships buffer psychosocial risk and are linked to better health; c) compassionate climates improve the experience of organizations and services; d) perceived kindness in educational settings supports belonging and well-being; and e) at community level, kindness strengthens cohesion, trust, and collective response capacity.

Conclusions: Kindness should not be reduced to private sentimentality or confused with mere politeness. It can be understood as a relational infrastructure that protects dignity, regulates social threat, activates reciprocity, and sustains more humane cultures. The VACUNA model (Vincular, Acoger, Cuidar, Unir, Nutrir, Activar) is proposed as a heuristic and not-yet-validated operational framework for education, health, organizations, and community settings.

Keywords: kindness; compassion; prosocial behaviour; social connection; well-being; belonging; compassionate leadership; public health; organizational culture.

Introduction

At first sight, the expression "revolution of kindness" may appear closer to ethical or spiritual language than to that of the social sciences. Yet when one looks at the map of contemporary distress - loneliness,

chronic stress, professional exhaustion, hostility in public life, declining trust, and a growing sense of dehumanisation - the hypothesis that kindness deserves rigorous academic treatment becomes far more plausible. What is often dismissed as moral ornament may in fact function as a protective relational resource with consequences for mental health, physical health, organisational life, education, democratic coexistence, and collective resilience.

Unlike approaches that reduce kindness to an occasional gesture or to a vague personality trait, this article understands it as a stable orientation toward the good of others, expressed through care, respect, dignified treatment, and concrete forms of help. In this sense, kindness is not mere courtesy, nor passive agreeableness, nor sentimental softness. It is a relational disposition that recognises the dignity of the other and, precisely for that reason, can translate into institutional practices, leadership styles, public policies, and cultural norms. Its importance lies not only in what it means morally, but in what it does psychologically, socially, and organisationally.

The vaccine metaphor used in the title does not seek a literal biomedical equivalence. It is employed as a heuristic image to think about prevention, protection, social immunity, and the strengthening of collective response capacities. Much social suffering does not arise only from material scarcity, but from broken ties, humiliation, indifference, hostility, and the erosion of ordinary care. From this perspective, kindness can be interpreted as a relational infrastructure that buffers psychosocial risk, lowers social threat, activates reciprocity, and helps sustain more humane cultures.

The timeliness of this reflection is evident. International agencies and recent studies have warned that social disconnection, loneliness, and the collapse of trust are not peripheral problems, but structural issues with direct consequences for health, democratic life, educational experience, and the quality of work. In parallel, the literature on prosocial behaviour, compassion, supportive relationships, belonging, and psychologically safe climates has grown significantly. However, these strands of research are often developed separately. This dispersion makes it difficult to perceive a broader pattern: the possibility that kindness may operate as an integrative variable across levels and contexts.

From an applied perspective, the major challenge is not merely to defend the idea that kindness is good, but to show how it becomes observable, trainable, measurable, and organisationally relevant. If kindness is to move beyond private exhortation and become part of public and institutional agendas, it must be articulated conceptually, grounded in evidence, and translated into operational frameworks. That is why this article combines conceptual clarification, empirical review, and a heuristic proposal intended to connect ethics with implementation.

The general objective is to analyse whether kindness can be understood as a cultural "vaccine" for a more humane world. More specifically, the article seeks to: a) define kindness and distinguish it from related constructs; b) identify the main psychobiological, motivational, and social mechanisms through which it may exert protective effects; c) synthesise empirical evidence in health, education, organisational life, citizenship, and community settings; d) examine the scope and limits of the vaccine metaphor; and e) propose, on a heuristic basis, the VACUNA model as an operational framework

for public kindness.

Methodology

This article adopts the format of an integrative review with a critical and applied orientation. This design was chosen because the question under examination - whether kindness may be conceptualised as a relational and institutional protective factor - cannot be adequately addressed from a single disciplinary tradition or by means of a narrowly experimental logic. The topic requires dialogue among psychology, public health, education, organisational studies, social neuroscience, and the ethics of care.

Design and review logic

The review followed the methodological logic of integrative reviews, which allow conceptual, empirical, and applied evidence to be combined within a broad interpretive framework. Following Whittemore and Knafl's approach, the aim was not only to aggregate findings but also to identify patterns of convergence, conceptual tensions, explanatory mechanisms, and practical implications. This makes the design particularly suitable for themes that straddle disciplinary boundaries and involve constructs that are not always operationalised in exactly the same way.

Information sources

The search drew on widely used databases and repositories in the social and health sciences: Scopus, Web of Science, PubMed, PsycINFO, ERIC, and Google Scholar for complementary tracing of highly cited literature and institutional reports of particular relevance. To enrich the public-health and policy perspective, selected international documents from the World Health Organization and the World Happiness Report were also considered.

Time frame and search strategy

The main search period focused on publications between January 2000 and June 2026, although earlier seminal works were retained when they were indispensable for conceptual framing or for the empirical history of a given line of research. The search strategy was bilingual and structured around combinations of terms such as kindness, compassion, prosocial behaviour, helping behaviour, social connection, belonging, compassionate leadership, loneliness, volunteering, school climate, and well-being. Boolean combinations and backward citation tracing were used to strengthen coverage of highly cited and methodologically influential studies.

Inclusion and exclusion criteria

Included were: a) peer-reviewed articles; b) systematic reviews, meta-analyses, longitudinal studies, experimental or quasi-experimental studies, and widely cited cross-sectional studies; c) research directly connected to kindness or to constructs judged theoretically adjacent and relevant, such as compassion, prosociality, social support, self-compassion, or compassionate leadership; and d) papers or reports with clear implications for health, education, organisations, public life, or community resilience. Excluded were: duplicated records, opinion pieces without empirical or conceptual rigour, texts with merely anecdotal use of the key constructs, and works whose relationship to the guiding question was indirect or excessively weak.

Screening and synthesis process

Screening was conducted at two levels. First, titles, abstracts, and keywords were reviewed in order to refine the corpus. Second, full-text reading made it possible to select the most analytically useful studies. The final synthesis privileged quality, concep-

tual clarity, and diversity of evidence rather than exhaustiveness for its own sake. The resulting corpus combined theoretical papers, empirical research, systematic reviews, and institutional documents that were especially valuable for understanding kindness as a protective factor across contexts.

Analytical strategy

Analysis followed a thematic coding logic. Findings were extracted, compared, and grouped according to four guiding questions: What is meant by kindness? Through which mechanisms might it exert effects? In what contexts is its impact documented? What are the limits of the available evidence? From this process emerged the main thematic axes of the article: conceptual clarification, psychobiological and motivational foundations, empirical evidence by field, critical discussion of the vaccine metaphor, and the heuristic formulation of the VACUNA model.

Criteria of rigour and reflexivity

To strengthen rigour, priority was given to reviews, meta-analyses, and repeatedly cited empirical studies, and claims were contrasted across disciplines wherever possible. At the same time, a reflexive stance was maintained regarding the ethical density of the term kindness and the risk of collapsing it into adjacent constructs. The article therefore acknowledges from the outset that it works with a concept that is broader than a single operational variable and that requires interpretive caution.

Scope and methodological limits

This methodology strengthens the clarity of the analytical pathway, but it does not amount to a fully exhaustive systematic review under PRISMA standards, nor does it permit meta-analytic inferences. The aim is interpretive integration rather

than quantitative synthesis. Consequently, the conclusions should be read as robustly informed, theoretically grounded, and empirically supported, but not as a final causal demonstration of all the mechanisms discussed.

Conceptual framework: what we mean by kindness

Historically, kindness has been treated by moral philosophy, religious traditions, and ethics of care, but in contemporary research it tends to appear fragmented across nearby constructs such as compassion, empathy, altruism, prosocial behaviour, social support, or civility. This dispersion creates a double problem. On the one hand, it obscures the conceptual specificity of kindness; on the other, it prevents us from seeing the broader architecture linking seemingly separate lines of evidence.

As used in this article, kindness integrates elements of those constructs while adding an axiological and relational component: a stable orientation toward the good of the other, expressed in forms of care, respect, recognition, and help that affirm dignity. It is not simply a feeling, although it may include affective sensitivity. It is not only an action, although it is realised in conduct. And it is not merely a social norm, although it can be institutionalised. Kindness is, rather, the everyday form through which recognition becomes relationship and value becomes practice.

It is important to underline that kindness should not be confused with docility or with the renunciation of limits. In professional, educational, or civic contexts, one may be kind and at the same time firm, demanding, and ethically rigorous. In fact, kindness without truth becomes appeasement, whereas truth without kindness easily turns into cruelty.

This distinction is crucial if the concept is to be taken seriously in leadership, management, and public life.

Nor is kindness socially naive. It does not deny conflict, power, or structural violence. Rather, it offers a way of inhabiting conflict without dehumanising the other. One may disagree without humiliating, correct without shaming, compete without destroying, and exercise authority without degrading. Understood in this way, kindness does not substitute for justice; it humanises the forms through which justice is pursued and enacted.

It is also useful to speak of kindness as a trainable capacity. Although individuals may differ in dispositional tendencies, the evidence suggests that compassionate attention, prosocial behaviour, warm communication, and self-compassion can be cultivated. This opens the door to thinking of kindness not as a private gift reserved for a few, but as a civic and institutional competence.

From an anthropology of dignity, kindness may be read as the daily expression of recognition. It is the ordinary gesture through which another person is not treated as an obstacle, a number, or a function, but as someone whose vulnerability, worth, and humanity matter. This precision also differentiates kindness from mere social pleasantness. An interaction may be formally polite and yet deeply indifferent, manipulative, or humiliating. Kindness requires a greater depth of moral attention.

The relationship between kindness and justice deserves special emphasis. Some critiques argue that appeals to kindness displace structural questions into the register of individual morality. That risk exists when kindness is used to cosmetically cover

inequality, precarity, or institutional abuse. The position defended here is different: kindness is not a substitute for structural transformation, but one of the conditions that make just institutions inhabitable and humane.

Table 1. Relevant conceptual distinctions

Construct	Synthetic definition	Motivational core	Risk of confusion
Kindness	Stable orientation toward the good of the other, expressed in care, respect, and help.	Recognition of dignity and desire to contribute to the good.	Mistaking it for weakness or mere compliance.
Affability	Warm, courteous, and considerate treatment in everyday interaction.	Interpersonal harmony.	Reducing kindness to simple politeness.
Compassion	Sensitivity to suffering with the intention of alleviating it.	Relief of another's pain.	Equating it only with empathic feeling.
Altruism	Behaviour that benefits the other, even at a personal cost.	Benefit to the other.	Forgetting the relational and dignity dimension.
Prosociality	Set of behaviours that benefit others or the group.	Cooperation and social benefit.	Losing the ethical and moral depth of the bond.

Psychobiological and motivational foundations of kindness

The plausibility of kindness as a cultural "vaccine" is reinforced when its mechanisms are examined. The literature on positive emotions, social neuroscience, psychophysiology, and compassion suggests that kind action is not merely normatively desirable; it also activates processes associated with regulation, connection, and resilience.

First, there is an affective-regulatory pathway. Kind and compassionate behaviour, especially when enacted intentionally and repeatedly, is associated with increased positive affect, greater meaning, and forms of emotional regulation that reduce self-criticism and defensive reactivity. Loving-kindness and compassion-based practices have shown effects on mood, self-related attitudes, and psychological resources.

Second, there is a relational pathway. Kindness communicates interpersonal safety. In contexts of uncertainty, to be received with respect and benevolence reduces perceived threat, facilitates trust, and supports the emergence of belonging. Social connection does not operate only as a pleasant subjective state; it is a determinant with measurable links to health, stress regulation, and mortality risk.

Third, a motivational pathway may be identified. Numerous studies suggest that prosocial actions increase meaning, coherence, and the sense that one's conduct matters beyond the self. In societies marked by hyper-individualism and performative competition, kindness interrupts the closed circuit of the ego and reconnects action with contribution. Helping others often strengthens the helper's own experience of usefulness and purpose.

Fourth, research on self-compassion introduces a decisive nuance: sustainable kindness begins with an inner posture that does not humiliate the self. Without self-compassion, prosocial disposition can become sacrificial, overextended, and ultimately fragile. Kindness directed outward becomes more stable when the individual can also respond to personal limitation, error, and suffering without harsh self-attack.

Finally, there is an institutional pathway. When kindness becomes a cultural norm - for example, in schools, hospitals, teams, or public services - it shapes expectations, communication patterns, conflict management, and experiences of dignity. In that sense, kindness may be understood as an invisible infrastructure that influences the emotional climate and the quality of collective functioning.

Research in social neuroscience and psychophysiology further suggests that states of compassion and social support are associated with patterns of stress attenuation, affective regulation, and physiological benefit. These findings should not be exaggerated, but they do reinforce the view that kindness is more than moral ornament: it has plausible embodied pathways.

At a motivational level, kindness also corrects the biases of hyper-individualism. In cultures where identity is organised around performance, rank, and self-optimisation, prosocial action widens the horizon of agency. It reminds individuals that human flourishing is not only achieved by accumulation, but also by contribution, reciprocity, and shared meaning.

Empirical evidence

Kindness, psychological well-being, and mental health

One of the most consistent bodies of evidence links kind or prosocial behaviour to subjective well-being. Experimental and correlational studies show that performing acts of kindness, spending money on others, helping, or engaging in prosocial routines is associated with higher positive affect, greater life meaning, and, in some cases, reduced depressive symptomatology. Systematic reviews and meta-analyses indicate that these effects are not

infinite, but they are sufficiently consistent to justify academic attention.

This relationship should not be interpreted simplistically. Not every act of helping automatically improves well-being, nor does it do so in every context. The impact depends on voluntariness, fit between action and values, perceived efficacy, social context, and the presence of self-neglect. Even so, the overall direction of the evidence suggests that turning outward in a kind manner often benefits the actor as well as the recipient.

In clinical and preventive settings, compassion-based interventions have shown benefits in reducing self-criticism, shame, emotional dysregulation, and several indicators of psychological distress. Although the quality of evidence varies across populations, the field increasingly supports the view that compassion-related practices deserve a place in mental-health promotion and psychosocial care.

Self-compassion merits a special place in the revolution of kindness. Accumulated evidence suggests that treating oneself with understanding rather than contempt is associated with better emotional regulation, less maladaptive perfectionism, and more stable well-being. This matters because outward kindness becomes unsustainable when it is built upon internal violence.

Kindness has also been studied in university and workplace contexts. Recent findings indicate that experiences of kindness and support in these settings are linked to flourishing, belonging, and mental-health protection. The implication is important: kindness is not only a private virtue, but a contextual variable that shapes the quality of collective experience.

Kindness, social connection, physical health, and mortality

Social connection has become established as a major determinant of health. Well-known meta-analyses have shown that social isolation and loneliness are associated with mortality risk of a magnitude comparable to other recognised health risks. This does not mean that kindness is identical to social connection, but it does indicate that any practice capable of strengthening bonds, buffering isolation, and generating supportive relationships may have effects that go beyond psychological comfort.

Kindness strengthens ties through simple yet powerful routes: it generates reciprocity, lowers interpersonal threat, humanises interaction, and fosters trust. To be treated well, and to treat others well, increases the likelihood that relationships become a source of regulation rather than danger. In that sense, kindness can be interpreted as one of the micro-foundations of healthy social connection.

Some studies suggest that volunteering and other forms of prosocial behaviour are associated with better health indicators and, in older adults, with subsequent benefits in physical well-being and life satisfaction. Although causal pathways remain complex, the convergence of evidence points toward the health relevance of helping, belonging, and feeling useful to others.

Stress physiology is another plausible mechanism. Being treated with kindness and living in supportive environments is associated with lower chronic stress and greater emotional safety. Again, the argument should not be overstated, but the direction is clear: humane environments are not simply more pleasant; they are potentially healthier.

The public relevance of this axis has been reinforced by recent international reports warning of the social and health consequences of loneliness. In this framework, kindness should be viewed not only as a moral recommendation, but as part of the social architecture that protects life.

Kindness, leadership, and more humane organizations

In organisational settings, kindness has ceased to be an ethical curiosity and has become a strategic variable. Research on compassionate leadership, positive practices, organisational compassion, and psychologically safe climates suggests that work contexts characterised by respect, support, and humane treatment foster better experience, lower burnout, and stronger commitment.

Compassionate leadership does not mean managing through sentimentality. Rather, it consists in combining sensitivity to suffering with responsibility, clarity, and action. Leaders who are able to notice distress, respond without humiliation, and sustain dignified expectations contribute to climates in which people can think, learn, and collaborate more effectively.

Recent research in nursing, healthcare management, and diverse occupational settings suggests that compassionate leadership is associated with better staff outcomes and, in some contexts, with improved quality of care. Organisational life is not transformed by declarations of values alone, but by patterns of interaction that make dignity tangible.

From the perspective of organisational culture, kindness may be understood as an invisible infrastructure. It is not always named, but its presence or absence can be felt in the welcome offered to new-

comers, the way feedback is delivered, the handling of error, the tone of emails, the management of conflict, and the way pressure is distributed. Where kindness is absent, organisations may still function, but often at the cost of fear, cynicism, or emotional depletion.

The revolution of kindness invites a revision of organisational indicators of success. Alongside productivity, margin, or growth, institutions should be asking about psychological safety, belonging, turnover linked to cultural harm, perceived respect, and the quality of internal support. A more humane organisation is not one that merely speaks about people, but one that designs work in ways that do not grind them down.

Kindness and education: climates that teach humanity

School is one of the most decisive social laboratories for the revolution of kindness. It does not only transmit knowledge; it also teaches how to coexist, how to disagree, how to ask for help, and how to treat vulnerability. For that reason, educational climate is not an accessory variable but a constitutive part of learning.

The evidence indicates that educational climates based on support, respect, compassion, and kindness are associated with better well-being, stronger belonging, and healthier coexistence. Meta-analytic work on school belonging shows that feeling accepted and valued in educational settings is strongly linked to both academic and psychosocial outcomes.

Beyond punctual programmes, what matters is the relational ecology of the school. An institution may celebrate kindness days or anti-bullying campaigns

while maintaining daily practices of humiliation, indifference, or excessive control. If kindness is to matter educationally, it must be woven into the ordinary fabric of classroom life, institutional communication, conflict management, and adult modeling.

Kindness also has epistemological value in education. Learning well does not depend only on content but on the experience of safety with which content is encountered. A student who fears ridicule, exclusion, or contempt is less cognitively and emotionally available for learning. Thus, kindness is not simply moral decoration for the curriculum; it is a condition of deeper learning.

At a time of rising adolescent distress, hyper-comparison, and digital exposure, schools and universities need to become spaces that protect dignity and teach relational literacy. Educating for kindness is therefore not infantilising. It is civic formation in one of its most necessary forms.

Kindness, community, and public health

The community scale completes the argument. A more kind society is not one in which everyone is permanently agreeable, but one in which care, cooperation, trust, and mutual recognition circulate with sufficient density to sustain collective life. The public-health significance of this lies in the fact that communities do not protect themselves only through infrastructures and services, but also through social cohesion and mutual support.

The literature on prosociality shows that donating time, resources, or attention generates both personal and collective benefits. Volunteering, neighbourly cooperation, and informal support strengthen not only subjective well-being but also the social fabric

upon which communities rely in times of crisis.

Emergencies - sanitary, climatic, economic, or humanitarian - test the moral density of a community. Under such conditions, kindness becomes visible as social response capacity: the ability to notice, assist, coordinate, and uphold dignity under pressure. Communities with thicker networks of trust and care are often better positioned to mobilise resilience.

The digital sphere deserves special attention. Social media and platforms may amplify aggression, polarisation, and humiliation, but they may also be used to circulate support, civic care, and solidarity. Public kindness therefore cannot be confined to face-to-face interaction; it must also be cultivated in mediated environments.

From the micro scale of an everyday gesture to the macro scale of policy, kindness acts as a connector of social life. It supports cooperation, trust, and the willingness to protect one another. For that reason, it belongs within contemporary discussions of public health and social sustainability.

Kindness, citizenship, and democratic coexistence

The revolution of kindness acquires special relevance when democratic coexistence is examined. The point is not to demand emotional unanimity or to neutralise political conflict. Disagreement is constitutive of democracy. The issue is whether societies can preserve conflict without falling into degradation, contempt, and dehumanisation.

The literature on social trust and social capital helps clarify this point. Societies with higher levels of trust and civic reciprocity tend to show stronger

cooperation and more resilient forms of public life. Kindness contributes to this ecology not because it eliminates difference, but because it makes public disagreement more habitable.

In contexts of digital polarisation, kindness also plays a strategic role. Responding without humiliating, verifying before spreading, correcting without contempt, and refusing symbolic annihilation are civic expressions of kindness. They do not replace structural reforms, but they do shape the moral climate within which democratic institutions function.

Digital kindness and technological ecosystems

Technological ecosystems have multiplied the speed of interaction, but not always its depth or humanity. For that reason, the conversation about kindness can no longer remain confined to face-to-face settings. Platforms, interfaces, and algorithmic environments now participate in shaping the tone of social life.

A first issue concerns language. Digital spaces facilitate impulsive comments, rapid emotional discharge, and forms of disinhibition that often weaken empathy. Practising kindness online therefore requires slowing down, contextualising, and remembering that behind the screen there is a person rather than an abstraction or a target.

A second issue concerns design. Platforms are not neutral. They can incentivise cooperation or confrontation, pause or acceleration, repair or escalation. If technological architectures reward outrage, interruption, and tribal exposure, they will tend to weaken the conditions for public kindness. If, on the contrary, they favour deliberative pace, accountability, and constructive interaction, they may become allies in a more humane digital culture.

Finally, the expansion of artificial intelligence obliges us to preserve a deeper anthropological question: how do we ensure that technical intelligence does not erode moral attention? In this regard, the revolution of kindness also involves cultural design. Technology should be assessed not only in terms of efficiency, but in terms of the forms of relationship it normalises.

Table 2. Summary of representative evidence by field

Field	Frequent findings	Type of evidence	Practical implication
Well-being and mental health	More positive affect, meaning, emotional regulation, and less self-criticism.	Trials, reviews, and correlational studies.	Integrate kindness and compassion practices into well-being promotion.
Social connection and physical health	Better relational quality; links with less loneliness and healthier profiles.	Meta-analyses, cohorts, and public-health reports.	Treat connection and care as determinants of health.
Organisations and leadership	Greater psychological safety, support, and lower burn-out where compassionate leadership is present.	Systematic reviews and applied studies.	Design work cultures grounded in dignity, support, and care.
Education	Better school climate, belonging, and coexistence in prosocial environments.	School interventions and climate studies.	Teach kindness as a civic and relational competence.
Community and public health	More trust, cooperation, and community resilience.	Studies on volunteering, social well-being, and international reports.	Promote policies of care and support networks.

Kindness as a relational protective factor: scope and limits of the vaccine metaphor **Heuristic proposal: the VACUNA model of public kindness**

The vaccine metaphor must be handled with caution. In this article it is not used as a literal biomedical equivalence, but as a heuristic for thinking about prevention, buffering, and social protection. Kindness is not an inoculation with universal or immediate effects, nor does there exist a single measurable dose capable of guaranteeing moral immunity.

The analogy is useful in at least four senses. First, it suggests prevention: many forms of social suffering arise or intensify in climates of neglect, humiliation, and disconnection, and may be mitigated when relational care is present early. Second, it suggests protection: kind environments reduce perceived threat and can strengthen resilience. Third, it suggests propagation: just as harm can spread socially, so can supportive norms and benevolent practices. Fourth, it suggests public relevance: vaccines belong not only to individuals but to systems, and the same can be said - metaphorically - of kindness when it is built into institutions.

The metaphor also has limits. Not every exposure to kindness produces enduring change; not all contexts respond equally; and no metaphor should conceal structural inequalities, abuse, or political violence. Kindness cannot replace rights, resources, justice, or institutional accountability. At most, it can humanise the forms through which these are protected and enacted.

Read in this way, the metaphor retains academic usefulness. It allows kindness to be interpreted as a relational protective factor whose effects are probabilistic, contextual, and mediated, rather than magical or automatic.

In order to translate the discussion into an operational framework, this article proposes the VACUNA model of public kindness. It must be emphasised that VACUNA is presented as a heuristic and still unvalidated proposal derived from the integrative synthesis carried out here. Its purpose is to organise implementation and future measurement, not to claim definitive psychometric status.

VACUNA brings together six relational design verbs in Spanish: Vincular (to connect), Acoger (to welcome), Cuidar (to care), Unir (to unite or repair), Nutrir (to nurture), and Activar (to activate). Together they offer a practical grammar for institutions that wish to make kindness visible, observable, and actionable.

Vincular means creating real connection and reducing isolation. Acoger refers to the quality of the welcome, the first contact, and the respectful tone with which people are received. Cuidar points to emotional, relational, and organisational care, including care for those who care. Unir refers to repairing fractures, mediating differences, and rebuilding trust. Nutrir concerns the creation of conditions in which people can grow safely. Activar means moving from value statements to concrete routines, leadership practices, and measurable commitments.

The strength of the model lies in translating a diffuse moral ideal into observable dimensions. An institution can ask itself whether it is connecting or isolating, welcoming or filtering people out through indifference, caring or simply extracting effort, repairing divisions or deepening them, nurturing growth or exhausting people, and activating

humane values or merely proclaiming them.

Caution is necessary here as well. The model does not assume that all dimensions carry equal weight in all sectors, nor that kindness can be reduced to a checklist. Its current value is heuristic, pedagogical, and design-oriented.

Phased implementation across contexts

Implementation can be organised in four phases. The first is diagnostic: identifying points of relational pain, distrust, exclusion, or dehumanising practice. The second is design: selecting priorities and translating the six dimensions into context-specific actions. The third is implementation: training, leadership alignment, process redesign, and visible routines. The fourth is evaluation and adjustment: monitoring changes and refining the intervention.

Applied to a hospital, the model would orient both patient and professional experience; in a school, it would focus on climate, belonging, and restorative practice; in an organisation, it would inform leadership behaviour, onboarding, conflict management, and the everyday quality of work.

Metrics and applied research

A rigorous public-kindness agenda requires multi-method measurement. Plausible indicators include perceived belonging, peer support, psychological safety, respect in treatment, burnout, trust, conflict

intensity, retention, civic participation, and user experience. Qualitative evidence is also essential, because kindness is not exhausted by numbers alone and often becomes visible through narrative, testimony, and lived experience.

At the same time, this agenda should not fall into naive positivism. Kindness cannot be reduced to a superficial metric, yet neither should it hide permanently in rhetorical invisibility. If it matters socially and institutionally, it deserves better ways of being observed, discussed, and improved.

Future validation agenda

For VACUNA to move beyond inspired proposal and gain stronger scientific legitimacy, specific studies will be required. A first task would be the development of an instrument capable of capturing the six dimensions with adequate reliability and conceptual discrimination. A second task would involve pilot applications in schools, hospitals, organisations, and community programmes. Longitudinal designs would be particularly valuable for assessing whether changes in public kindness are associated with changes in belonging, psychological safety, burnout, trust, or collective cooperation.

It would also be useful to examine cross-cultural validity and incremental validity. In other words, to determine the extent to which the model explains outcomes beyond nearby constructs such as civility, social support, or leadership quality.

Table 3. VACUNA dimensions and operational translation

Dimension	Guiding question	Possible practices	Suggested indicators
Vincular (Connect)	Are we connecting people or isolating them?	Mentoring, listening spaces, cooperative work.	Belonging, peer support, informal network density.
Acoger (Welcome)	How do our processes receive people?	Welcome protocols, dignified language, sensitive attention.	User experience, respectful treatment.
Cuidar (Care)	Who is holding the work, and how are they sustained?	Supervision, self-care, emotional support, burnout prevention.	Well-being, turnover, exhaustion, perceived support.

Unir (Unite/Repair)	Which fractures must we repair?	Mediation, dialogue, restorative practices.	Trust, conflict levels, inter-area cooperation.
Nutrir (Nurture)	Does this environment help people grow?	Recognition, respectful feedback, safe learning.	Engagement, development, motivation, climate.
Activar (Activate)	How do we move from value to action?	Training, exemplary leadership, humanity metrics.	Implemented protocols, follow-up, cultural coherence.

Implications for public policy, education, and management

If kindness has protective and regenerative effects, then it should occupy a more explicit place within public agendas. The first implication is political and institutional: social connection, dignified treatment, and relational care should be considered part of the architecture of well-being rather than optional moral extras. Policies that reduce isolation, support care networks, and humanise services should be treated as investments in health and social sustainability.

The second implication is educational. Training for excellence without training for kindness produces professionals who may be technically competent yet relationally harmful. Educational systems should therefore foster not only cognitive performance but also belonging, respectful communication, restorative practices, and sensitivity to vulnerability.

The third implication concerns organisations. Talking about purpose, values, or well-being without redesigning the lived experience of work leads to reputational language with little substance. More humane organisations must operationalise respect, support, feedback without humiliation, and cultures in which error can be processed without symbolic destruction.

The fourth implication is clinical and preventive. Mental-health programmes should integrate compassion and kindness more systematically, both as

interpersonal climate and as personal resource. The fifth concerns the cultural imaginary itself. We need to rehabilitate kindness as a form of strength rather than naivety, and as a civic capacity rather than sentimental excess.

Sector translation

In health care, kindness should be incorporated as an explicit dimension of care quality. Technical competence matters, but so do respectful attention, humane communication, the emotional holding of suffering, and institutional support for professionals. In education, kindness should be understood as a condition of safe learning. Schools and universities can cultivate it through climate design, teacher modelling, peer support, and restorative approaches. In business and public administration, kindness requires redesigning the experience of work: onboarding processes that truly welcome, leadership that protects dignity, systems of support, and cultural indicators capable of making the human experience visible.

Discussion

The review supports the claim that kindness has sufficient academic and practical relevance to be treated more systematically as a relational and institutional protective factor. Its main contribution lies precisely in integration. Much of the literature addresses neighbouring constructs separately - pro-social behaviour, compassion, social support, belonging, self-compassion, or compassionate leadership - whereas this article argues that, taken together, they point toward a broader architecture in

which kindness functions as a civic, organisational, and health-related resource.

This integration nonetheless requires conceptual caution. The available evidence is strong regarding several mechanisms and outcomes, but the construct of kindness remains broader and more ethically charged than the operational variables most commonly measured. For that reason, the article does not claim that all findings map perfectly onto a single variable called kindness. What it does claim is that a convergent field of evidence justifies treating kindness as an umbrella concept with heuristic, analytical, and practical value.

A second critical issue concerns scale. Benefits observed in individual interactions do not automatically translate into institutional or societal transformation. For kindness to become public infrastructure, it must be embedded in norms, leadership, design, and policy. Otherwise it remains trapped in the heroic micro-gesture: admirable, but insufficient. This is why the article insists on moving from virtue to architecture.

The reviewed literature also suggests conditions of efficacy. Kindness appears to operate more powerfully when it is perceived as authentic, when it is not instrumentalised, when it does not erase justice, and when it is sustained by cultures of reciprocity rather than by unilateral self-sacrifice. Conversely, kindness loses force when it is reduced to performative niceness, customer-service rhetoric, or reputational varnish.

Another important tension is sustainability. Not every disposition to help is healthy, and not all compassion is sustainable. Without boundaries, shared responsibility, and institutional support, care

can become overload and kindness can degenerate into silent self-exploitation. The revolution of kindness therefore requires not only warmth, but wise design.

In scientific terms, the article leaves several tasks open. Better measurement is one. Conceptual differentiation is another. A third is the study of mediators and moderators: when, for whom, and under which conditions does kindness exert its strongest effects? A fourth task is to evaluate the public and organisational outcomes of interventions inspired by the VACUNA framework.

Ultimately, the discussion leads to a civilisational insight: a society may advance in technical capacity while regressing in humanity. If that happens, efficiency itself becomes cold, and progress loses moral depth. Kindness matters because it is one of the ordinary forms through which a society protects the human meaning of its own development.

Limitations

This work has limitations that should be stated clearly. The first derives from the design itself: it is an integrative review rather than a fully exhaustive systematic review or meta-analysis. Accordingly, the synthesis is interpretive and thematic, not quantitatively conclusive.

The second limitation is conceptual. The term kindness carries an ethical and cultural density that does not always coincide with the narrower constructs operationalised in empirical studies. Some of the evidence reviewed comes from compassion, prosocial behaviour, self-compassion, social support, or compassionate leadership rather than from direct measures of kindness itself.

The third limitation is methodological. A substantial portion of the available evidence is correlational, cross-sectional, or context-dependent. While the convergence of findings is meaningful, causal claims must be treated with caution.

A fourth limitation concerns generalisation. Expressions of kindness, warmth, help, or dignified treatment are not culturally identical, and meanings may vary across institutional contexts. What is experienced as supportive in one setting may be read differently in another.

The fifth limitation is practical. There is always a risk of instrumentalising kindness as reputational capital or as a substitute for structural change. A discourse of kindness detached from justice, rights, and material conditions can easily become cosmetic.

Finally, the VACUNA model should be understood as a heuristic proposal pending validation. Its current utility is primarily conceptual and design-oriented.

Conclusions

The review developed here supports one principal conclusion: kindness may be understood, with due conceptual caution, as a relational and institutional protective factor for a more humane world. It acts by strengthening bonds, reducing social threat, supporting dignity, and helping to sustain climates in which people can live, learn, work, and disagree without being degraded.

The central contribution of the article has been to integrate bodies of literature that often remain dispersed. In doing so, it shows that kindness is not reducible to private sentimentalism or superficial

politeness. Rather, it can be read as a human infrastructure with implications for psychological well-being, health, education, organisational life, public policy, and democratic coexistence.

The heuristic VACUNA proposal seeks to aid precisely this translation: turning an ethically powerful intuition into an operational language for design, implementation, and future evaluation. Its six dimensions - connect, welcome, care, unite, nurture, and activate - suggest that a more humane world is not built only on declarations of principle, but on repeatable relational practices.

Looking ahead, the key question is no longer only whether kindness is desirable, but how to measure it better, institutionalise it more wisely, and protect it from both sentimentality and manipulation. In a time of loneliness, burnout, polarisation, and technological acceleration, rehabilitating kindness is not a decorative gesture. It is a serious civilisational task.

Ultimately, a more humane world will not be built by technology, efficiency, or discourse alone. It will be built when dignity is made habitual in the ways we welcome, lead, educate, care, and coexist.

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Author contribution

Dr. Ignacio Bonasa Alzuria carried out the concep-

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