**Table 1: Humanising questionnaire items grouped by humanising dimension**

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| **Sense making----loss of meaning**Update patients on treatments regularlyUnderstand the everyday consequences of treatments or care plans, which have to be carried out by the patients themselvesKeep patients informed at regular intervals when they are awaiting resultsAssure patients that they can always call for adviceAcknowledge, with each patient, the fear that can come with health conditionsUse non clinical language when talking with patientsHelp patients feel comfortable enough to ask questionsBuild trusting relationships with patients and their significant others.Repeat information about what is happening to patients regularlyOffer sensitive explanations on what is happening (now and in the futureCreate a sense of calmness (when possible) | **Embodiment--- Reductionist view of the body**Be aware of the personal meaning any bodily (physical) changes for the patientConsider the emotional aspects of the patient’s treatment or conditionCheck that patients are comfortableThink of the patient as a person and more than just a bodyDiscuss each patient as a person (not just health condition or case) when sharing information with other health professionalsHave the time to reflect on my own feelingsBe aware of the physical impact of bad news for the patientBe aware of the physical impact on me, of giving bad newsNotice what makes the patient feel tiredNotice what makes the patient feel relaxedNotice what makes the patient feel energisedHelp patients understand the changes that may be happening to them |
| **Insiderness---Objectification** Try to see the person behind the illness or conditionShow that you want to know ‘what it’s like’ from the patient’s perspectiveProvide care that is not only technical/task focusedBe aware of the anxiety patients can experience when waiting for resultsShow that you want to know about patients fear about their situationsNotice what affects your patient’s moodGive patients time to talk about their emotional response to their illness/conditionFrequently ask patients how they are | **Uniqueness---Homogenisation** Consider how generic treatment pathways fit with the individual patientRemember small details about patient’s personal storiesConsider the different responses patients can have to the same illness or conditionAsk the patient how they assess their own healthSeek out how care could be adapted to suit the individual patient’s situationRemember small details about patient’s personal care preferencesUse patients preferred name |
| **Personal Journey---loss of personal Journey**Focus on what is of concern to the patient (even if outside or unrelated to treatment)Ask patients how they are finding their journey through careFind ways to help patients stay in touch with important things from their everyday lifeHelp patients to stay close to their own everyday routinesAsk patients how it is going for themTake space to listen to the patients worries, even if they cannot be resolvedOffer support to patients moving through a system they are unfamiliar withAppreciate that how a patient sees the severity of their illness or condition may differ from my ownRegularly check that treatment is going okay from the patient’s point of viewRecognise the importance of a regular review of care with the patientMake sure patients are treated by a named or consistent member of staff.Be prepared to change direction if treatment is not working for the patientConsider how patient’s future aspirations may be affected by their current treatment. | **Sense of place---Dislocation**Create a welcoming environmentConsider how the care setting we operate in can be initially unfamiliar to patientsWhere possible, to help patients to have some meaningful possessions close at handFocus on making the patient feel at homeWhere safety concerns allow, adapt the environment to make it as homely/personal as possible Notice barriers that can get in the way of patients feeling welcomeNotice barriers that can get in the way of families feeling welcomeConsider how the surroundings (e.g. noise, images, smells, friendliness) makes patients feel comfortableConsider how the surroundings (e.g. noise, images, smells, friendliness) makes families or significant others feel comfortableConsider how the surroundings (e.g. noise, images, smells, friendliness) makes staff feel comfortableConsider how the environment (e.g. noise, images, smells, friendliness) could make patients uncomfortableConsider how the environment (e.g. noise, images, smells, friendliness) could make patient’s significant others feel uncomfortableShow patients where they can find peaceful spacesEncourage other staff to introduce themselves by name and roleProvide information about how the service works (meal times etc.) |
| **Togetherness---Isolation**Take steps to put patients at easeBe able to support colleaguesAs far as possible facilitate contact with important people in the patient’s lifeConsider the patient feelings about being isolatedShow patients you are pleased to see them when they arrive for treatmentEncourage patients to support each other, wherever possible and when wantedMake sure patients know your name and roleNotice patients at particular risk of isolationIntroduce patients to others who share their condition, when wantedProvide patients with information on peer supportEnsure families and friends feel welcomeFeel supported by colleaguesHave a sense of a human connection with the patientCare about the wellbeing of my colleagues | **Agency---Passivity** Ask patients about their expectations of care and treatmentNotice how staff behaviours could create embarrassment, shame or vulnerability, during treatmentGive patients the skills to manage their own conditionsEnsure that the patient has a means of communication with a named health service provider on dischargeSupport patients to have a say in their care or treatmentTake an interest in what patients tell me about how they like things doneSeek out flexibility in the system to respond to patients prioritiesExplain to patients where there is no flexibility in the system and whyGive patients the confidence to manage their own conditionsTry to find out information that the patient wants on their behalfTry to involve significant others as the patient wantsWhere possible offer patients choices about what happens to them next |