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

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| **Sense making----loss of meaning**  Update patients on treatments regularly  Understand the everyday consequences of treatments or care plans, which have to be carried out by the patients themselves  Keep patients informed at regular intervals when they are awaiting results  Assure patients that they can always call for advice  Acknowledge, with each patient, the fear that can come with health conditions  Use non clinical language when talking with patients  Help patients feel comfortable enough to ask questions  Build trusting relationships with patients and their significant others.  Repeat information about what is happening to patients regularly  Offer sensitive explanations on what is happening (now and in the future  Create a sense of calmness (when possible) | **Embodiment--- Reductionist view of the body**  Be aware of the personal meaning any bodily (physical) changes for the patient  Consider the emotional aspects of the patient’s treatment or condition  Check that patients are comfortable  Think of the patient as a person and more than just a body  Discuss each patient as a person (not just health condition or case) when sharing information with other health professionals  Have the time to reflect on my own feelings  Be aware of the physical impact of bad news for the patient  Be aware of the physical impact on me, of giving bad news  Notice what makes the patient feel tired  Notice what makes the patient feel relaxed  Notice what makes the patient feel energised  Help patients understand the changes that may be happening to them |
| **Insiderness---Objectification**  Try to see the person behind the illness or condition  Show that you want to know ‘what it’s like’ from the patient’s perspective  Provide care that is not only technical/task focused  Be aware of the anxiety patients can experience when waiting for results  Show that you want to know about patients fear about their situations  Notice what affects your patient’s mood  Give patients time to talk about their emotional response to their illness/condition  Frequently ask patients how they are | **Uniqueness---Homogenisation**  Consider how generic treatment pathways fit with the individual patient  Remember small details about patient’s personal stories  Consider the different responses patients can have to the same illness or condition  Ask the patient how they assess their own health  Seek out how care could be adapted to suit the individual patient’s situation  Remember small details about patient’s personal care preferences  Use 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 care  Find ways to help patients stay in touch with important things from their everyday life  Help patients to stay close to their own everyday routines  Ask patients how it is going for them  Take space to listen to the patients worries, even if they cannot be resolved  Offer support to patients moving through a system they are unfamiliar with  Appreciate that how a patient sees the severity of their illness or condition  may differ from my own  Regularly check that treatment is going okay from the patient’s point of view  Recognise the importance of a regular review of care with the patient  Make sure patients are treated by a named or consistent member of staff.  Be prepared to change direction if treatment is not working for the patient  Consider how patient’s future aspirations may be affected by their current treatment. | **Sense of place---Dislocation**  Create a welcoming environment  Consider how the care setting we operate in can be initially unfamiliar to patients  Where possible, to help patients to have some meaningful possessions close at hand  Focus on making the patient feel at home  Where 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 welcome  Notice barriers that can get in the way of families feeling welcome  Consider how the surroundings (e.g. noise, images, smells, friendliness) makes patients feel comfortable  Consider how the surroundings (e.g. noise, images, smells, friendliness) makes families or significant others feel comfortable  Consider how the surroundings (e.g. noise, images, smells, friendliness) makes staff feel comfortable  Consider how the environment (e.g. noise, images, smells, friendliness) could make patients uncomfortable  Consider how the environment (e.g. noise, images, smells, friendliness) could make patient’s significant others feel uncomfortable  Show patients where they can find peaceful spaces  Encourage other staff to introduce themselves by name and role  Provide information about how the service works (meal times etc.) |
| **Togetherness---Isolation**  Take steps to put patients at ease  Be able to support colleagues  As far as possible facilitate contact with important people in the patient’s life  Consider the patient feelings about being isolated  Show patients you are pleased to see them when they arrive for treatment  Encourage patients to support each other, wherever possible and when wanted  Make sure patients know your name and role  Notice patients at particular risk of isolation  Introduce patients to others who share their condition, when wanted  Provide patients with information on peer support  Ensure families and friends feel welcome  Feel supported by colleagues  Have a sense of a human connection with the patient  Care about the wellbeing of my colleagues | **Agency---Passivity**  Ask patients about their expectations of care and treatment  Notice how staff behaviours could create embarrassment, shame or vulnerability, during treatment  Give patients the skills to manage their own conditions  Ensure that the patient has a means of communication with a named health service provider on discharge  Support patients to have a say in their care or treatment  Take an interest in what patients tell me about how they like things done  Seek out flexibility in the system to respond to patients priorities  Explain to patients where there is no flexibility in the system and why  Give patients the confidence to manage their own conditions  Try to find out information that the patient wants on their behalf  Try to involve significant others as the patient wants  Where possible offer patients choices about what happens to them next |