

Table 1: Humanising questionnaire items grouped by humanising dimension

<p>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)</p>	<p>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</p>
<p>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</p>	<p>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</p>
<p>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</p>	<p>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</p>

<p>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.</p>	<p>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.)</p>
<p>Togetheress---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</p>	<p>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</p>