STORYAID.EU
HUMANISM
SCOPING REVIEW

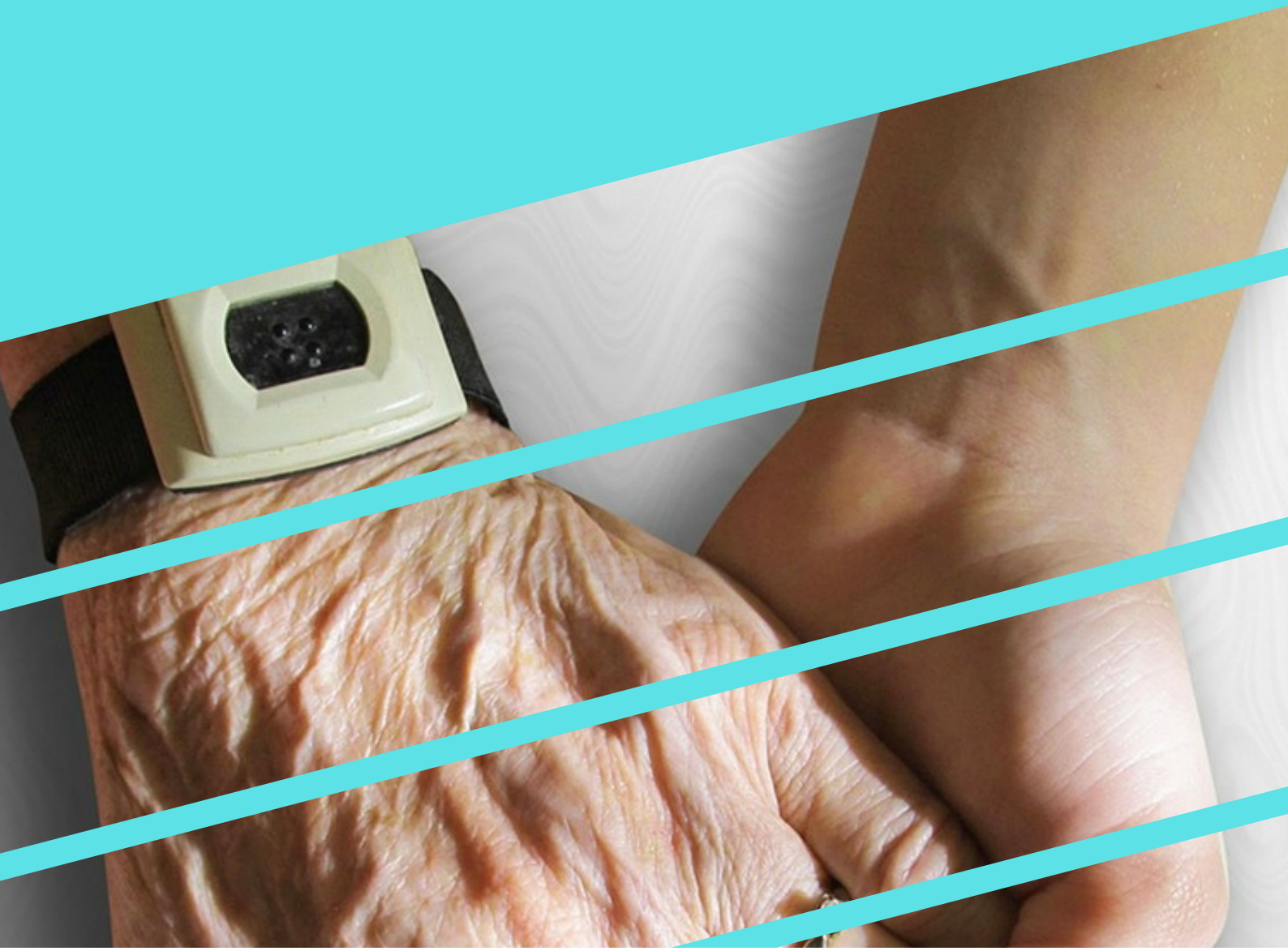
ERASMUS+ PROGRAMME

2014-2020

KEY ACTION 2: STRATEGIC PARTNERSHIP

HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING

AGREEMENT N°2019-1-ES01-KA203-065728



Co-funded by the Erasmus+ Programme of the European Union

ERASMUS+ PROGRAMME

2014-2020

KEY ACTION 2: STRATEGIC PARTNERSHIP

AGREEMENT N°2019-1-ES01-KA203-065728

STORYAID - HUMANIZING HEALTHCARE EDUCATION THROUGH THE USE OF STORYTELLING

Literature Scoping Review: Humanism

October 2020

Contents

This scoping review is a summary of published research literature relevant to the topic of Humanism education, and teaching and learning methods. Our aim is to create familiarity with current research, assess emerging evidence and address future research development in our EU Erasmus+ project.

Introduction

Healthcare has undergone dramatic changes in recent years with advancement in medical technologies, e-health and ambitions to attain high quality patient care in a climate of increasing healthcare costs. An important side effect of this has been the dehumanisation of care. Various countries have published damning reports on their health systems, such as the Mid Staffordshire report (United Kingdom) (The Mid Staffordshire NHS Foundation Trust Public Inquiry 2013), and Leas Cross and Aras Atracta reports (Ireland) (O'Neill, 2006; Áras Attracta Swinford Review Group, 2016). For example, the Mid Staffordshire report (2013) argued there is a pressing need for greater compassion and quality care in healthcare, involving improved communication with patients. This has highlighted the important need for humanistic care in order to ensure that care is delivered in a patient centred manner and that patients are treated with dignity and respect. Across EU countries, delivering health care that is patient-centred, humanistic, and of high quality is becoming a priority in health care policy OECD/EU (2018). This is particularly due to the context of recent major advances in healthcare technology, documentation, and increased safety measures recently, which have often neglected humanistic perspectives and led to the dehumanisation of the patient (Fasanelli et al 2017, Suerias et al 2017). Unfortunately, some of these organisational measures implemented to improve standards of care and improve patient safety have had the opposite effect, resulting in unfulfilled expectations and complaints from patients that their experience has left them feeling dehumanised (Laska-Formeister 2016).

In light of this, it is clearly evident that there is a huge challenge in fostering and maintaining the application of humanistic values in the healthcare setting. Heras La Calle et al (2017) argue that promoting humanistic perspectives in healthcare requires the human being to be places at the centre of every effort to promote and protect health. Cohen (2007) suggests that we need humanistic values such as dignity, honesty, caring, compassion and respect for self, patients, and other healthcare professionals. From this perspective, humanism refers to a way of being and is something not only related to a patient but involves integrating the value of humanism across all aspects of life. Weismann et al (2006) promote behaviour such as demonstrating respect, enhancing personal connections as a way of practising humanistic care. Due to factors such as increased workload and the intensifying use of technology, delivering humanised care is highly challenging for overburdened healthcare staff, making it imperative to consider new ways of developing and implementing humanistic approaches to care in Europe.

Scoping the review

The aim of this paper is to describe Intellectual Output one, Humanism, in healthcare and professionals' training, by using both concept analysis Methods (see StoryAidEU Concept Analysis Humanism document) and a scoping review of the literature. The aim of this scoping review is to explore literature sources which highlight strategies and educational techniques that enhance humanism in healthcare. This will allow the development of a strong evidence base for the StoryAidEU project.

A scoping review method was used to explore literature sources in relation to Humanism in healthcare as an appropriate method for this research. This method has become an increasingly popular approach for identifying and collating research evidence in a specific field of interest (Pham et al, 2014; Sucharew and Macaluso, 2019). It is suited to examining both the breadth and depth of literature available in terms of volume, nature and characteristics in order to present a narrative or descriptive overview. It is particularly appropriate to hypothesis generation, and has become an increasingly common approach for mapping broad topics (Arksey and O'Malley, 2005).

The scoping review differs from a systematic review in that it incorporates all study methods and designs, all types of literature sources and all types of interventions, including published, unpublished and 'grey' literature (Tyndall 2010). It does not seek to evaluate the quality of studies or research findings. It does however, follow the principles of systematic reviews in that reviews should be robust, and documented in sufficient detail to be replicable, reliable and valid, particularly as there is potential for bias due to selective inclusion criteria (Arksey and O'Malley, 2005; Grant, 2009; Munn et al, 2018).

Generally, a scoping review uses a framework for the sourcing and selection of literature. The methodological framework for scoping reviews was developed by Arksey and O'Malley (2005), and has been further refined by Levac et al (2010), the Joanna Briggs Institute (Peters et al, 2020), and Tricco et al (2016, 2018) through the development of the PRISMA-ScR guidelines to facilitate consistent reporting of findings. Arksey and O'Malley's (2005) framework for scoping reviews consists of a five-stage process, with an optional sixth stage, as a model for scoping an area of interest, and has frequently been used for scoping reviews in the healthcare setting.

- Step 1: Identify the research question
- Step 2: Identify relevant studies
- Step 3: Study selection
- Step 4: Chart the data
- Step 5: Collate, summarize, and report the results
- Optional Step 6: Consultation exercise

At the end of the scoping review presented in this report, the strategies to promote humanistic care will be highlighted with the related methodologies used in the training of healthcare professionals in studies, grey literature and expert opinion.

Step 1: Identify the research question

Humanisation means to uphold what it means to be human (White et al 2018). Dahlberg et al (2009) suggest that it is based on "lifeworld" philosophy and a phenomenological analysis of what it is to be human as perceived by the individual. This philosophy suggests that each person has their own subjective view of the world they live in and apply their own meaning to their experiences.

Humanistic education (also called person-centred education) is an approach to education based on the work of psychologists, most notably Maslow (1968) and Rogers (1946) whose main seminal works were published over 60 years ago. Rogers utilised the results of his psychological research to person-centred teaching where empathy, caring about students, and genuineness on the part of the learning facilitator were found to be the key traits of the most effective teachers (Rogers and Freiberg 1994). This could be applied to the patient in the healthcare setting where caring, compassion and collaboration would be the key components leading to self-actualisation. Humanism in healthcare is not a new concept but one that needs to be evaluated for meaning and implementation. Various authors have highlighted the difficulties of behaving compassionately in highly pressurised health and social care organisations (Lown 2014, Mannion 2014,). Todres et al (2009) developed a conceptual framework that explains the meaning of the term humanisation as a value base for guiding care, which places the patient at the centre of their care. This person-centred care is identified by healthcare professionals as a way of caring and improving the patient experience in healthcare environments. Humanistic care is characterized by a respectful and compassionate relationship between all members of the healthcare team, and their patients and family members (Simpkin et al 2017).

As a result of the increasing interest and move to promote more humanistic aspects of care, there are a variety of educational strategies and projects that have been utilised in the training of healthcare workers in order to provide more humanistic care. The aim of this review is to give examples of these

strategies in the training of healthcare workers. The research question identified for this scoping review was: What were the strategies utilised to promote humanistic care in healthcare?

Step 2: Identify relevant studies

The databases used for the search were: The Cumulative Index of Nursing and Allied Health Literature (CINAHL), ProQuest Nursing and Allied Health Source, Science Direct, Medline, PubMed, PsycINFO and PsycARTICLES, Google Scholar, Mendeley and Cochrane library. Google Scholar and Mendeley were used to broaden the search. The scope of the review was limited to the period 2010-2020 in order for the review to reflect the most recent developments in the field. Some of the early views on humanism Dahlberg et al, 2009) and humanism in education Rogers and Freiberg (1994) were also included. It was important to understand what humanism was and define it for clarity in searching the literature. Grey literature was searched across professional and organisational websites across a variety of countries (World Health Organisation (WHO), Department of Health, Gold Foundation, National Health Service and Health Service Executive) and Google.

This initial search was broad and indicated the large volumes of literature available and gave an overview of the topic for the identification of further search terms. The broad terms included: 'Humanism', 'Humanism in healthcare', and 'Humanism in healthcare education'. It was further refined and focused on more specific terms: 'Humanising/Humanizing healthcare AND education', 'Humanising/Humanizing nursing care', and 'Humanising/Humanizing medical care'. A second search included the other two concepts from this project; 'Storytelling' and 'Interprofessional Education'

Sources were limited to full-text journal articles in the English language. Inclusion criteria specified that relevant documents were considered academic journals that were peer reviewed, in English or translated, within the last 10 years (2010-2020). Studies were also included which explicitly demonstrated an effort to evaluate any type of humanistic care, educational strategies/programmes or initiatives that aimed to foster humanistic care. Furthermore, reports or projects that had humanistic care or values at the forefront of the project were also included. Exclusion criteria included: letters, dissertations/theses, editorials, conference abstracts, and case studies. Studies that explicitly focused on other related concepts (e.g., empathy, compassion fatigue, caring, communication, ethics) or used interventions that aimed to foster self-compassion (e.g., mindfulness-based stress reduction, compassion-focused psychotherapy) were excluded, as this review specifically engaged with educational interventions or strategies that promoted humanistic care.

The articles selected for this scoping review were the most appropriate to assist in promoting humanism through different educational strategies relevant to developing further teaching resources. As with many scoping reviews, the research was limited by time and numbers of available staff members. A decision was made at the outset of the research to devote one project member (ET) to undertake the literature search and for two further members (LD and MF) to validate the results for rigour.

Step 3: Study selection

Any quantitative or qualitative studies and any projects that were published in English, between 2010 and 2020, and that explicitly focused on the fostering of humanistic care interventions and educational strategies were included. Studies outside these dates, language, and context were excluded. Data extraction was conducted by the authors of this report (ET) and reviewed by two members of project research team (LD and MF).

Step 4: Charting the data

The research team developed a data-charting form that allowed the teams working on the three scoping reviews to deliver a consistency of data extraction. A descriptive analytical method was used to extract contextual or process-oriented information from each article (Levac et al, 2010). Below are

listed the papers used in the review with authors and publication information highlighted, followed by a summarised account of each consisting of three sections: premise, methods, and conclusions.

4.1 Garrouste-Orgeas, M., Périer, A., Mouricou, P., Grégoire, C. et al (2014). Writing in and reading ICU diaries: qualitative study of families' experience in the ICU. PLoS One

Premise: Keeping a diary for patients in intensive care units (ICUs) may benefit the patients' recovery.

Methods: A qualitative study utilising structured interviews of relatives of 26 patients who met ICU criteria of being ventilated over 48 hours. All healthcare professionals entered events with the patient and addressed the patient personally. All staff were allowed to write freely except identical matters. Families wrote freely into the diaries also.

Conclusion: The findings highlighted that this process of diary use helped humanise the patient. They were a powerful tool to assist in holistic patient-centred care. A core finding showed that the family felt it humanised the health professionals and that they viewed the patient as a human being which was evident from entries into the diaries.

4.2 Adam, D. and Taylor, R. (2014). Compassionate care: empowering students through nurse education. Nurse Education Today

Premise: Compassionate care is highlighted as an important factor in healthcare to provide high quality person-centred care. Nurses must be equipped with the skills to build effective relationships.

Methods: An evaluation of a teaching approach designed to enhance student's ability to deliver compassionate care (Adam and Taylor, 2013). The teaching approach included writing a reflective piece about their relationships with patients and others, analysing this with tutors to assess what skills are required for compassionate care, reviewing the literature on this, developing toolkits with support, designing own development plan and reflection on their new learning on compassionate care.

Conclusion: The learning needs identified included communication, assertiveness skills, emotional strength and resilience building to deal with compassionate care. The initial response was to blame others or the system when trying to give compassionate care but the realisation that they could influence this led them to realise that they could provide compassion care after the training given and challenge poor practice.

4.3 Adamson, E. and Dewar, B. (2014) Compassionate care: student nurses' learning through reflection and the use of story. Nurse Education in Practice

Premise: The need to enhance compassionate care is evident from various reports and the use of stories in the curricula can aid student nurses to be more compassionate in their care.

Methods: The Leadership in Compassionate Care Programme (LCCP) was a three-year action research project that attempted to assess what compassionate care means and use this knowledge in education. Stories from patients, relatives, staff and students gathered within clinical practice were used to stimulate reflective learning.

Conclusion: The discussions suggest that reflective learning and the use of stories about the experience of giving and receiving care can contribute to the development of the knowledge, skill and confidence that enable student nurses to provide compassionate relationship-centred care within practice in a humanistic manner.

4.4 Chou, C.M., Kellom, K. and Shea, J. (2014). Attitudes and habits of highly humanistic physicians. Academic Medicine

Premise: Humanism is essential to provide quality patient-centred care, hence it's an essential concept to be taught in healthcare. It is poorly understood how clinicians can maintain their humanistic values over time as they may get desensitised by the job. This is an attempt to identify habits and behaviours that humanistic physicians engage in to maintain their humanistic approach to patient care.

Methods: A qualitative study used semi-structured interviews to the identified attending physicians to determine attitudes and habits that they believed contribute to their ability to continued delivery of humanistic patient care.

Conclusion: The habits that humanistic physicians engaged in to ensure humanistic care included: self-reflection; connecting with patients; teaching and role modelling, and achieving work–life balance. They perceived that this humanistic care helped prevent burnout.

4.5 Beltran Salazar, O.A. (2016). The meaning of humanized nursing care for those participating in it: importance of efforts of nurses and healthcare institutions. Investigacion y Educacion en Enfermeria

Premise: Healthcare institutions can be medicalised with not enough emphasis on the patient as a human being and the study sought to understand the meaning of humanised care from a nursing, patient and family perspective.

Methods: An interpretative phenomenological study of 16 adult participants, four men and 12 women aged between 29 and 62 years of age. Using in-depth conversational interviews. Interview data analysed using the hermeneutic phenomenology proposed by Cohen, Kahn, and Steeves (2002 cited Beltran Salazar, (2016).

Conclusion: A culture of humanisation of care needs to be instilled to care for the patient in a holistic manner but it also need to be adequately resourced for this. An overloaded workforce is limited in their ability to provide humanised care.

4.6 Sinclair, S., Torres, M.B., Raffin-Bouchal, S., Hack, T.F. et al (2016). Compassion training in healthcare: what are patients' perspectives on training healthcare providers? BMC Medical Education

Premise: This qualitative study investigated advanced cancer patients perspectives on issues with training healthcare providers in compassionate care.

Methods: A grounded theory, qualitative research method using semi-structured interviews was utilised to develop an empirical understanding of compassion training.

Conclusion: There were core competencies required to compassion training; building a relationship to develop a genuine interest and rapport with the patient; understanding the patient as a human being and developing a connect.

4.7 Galvin, K.T., Cowdell, F., Sloan, C., Pound, C. et al (2016). Humanising services: a new transferable leadership strategy for improving 'what matters to older people' to enhance dignity in care. Burdett Trust for Nursing

Premise: The Humanising Care Project was developed and produced by a team of healthcare researchers, professionals and older users of NHS care services who worked together on a research project. The project was funded by the Burdett Trust for Nursing and involved collaboration between Bournemouth University, the University of Hull and two hospital settings; the stroke unit at the Royal Bournemouth Hospital and the dermatology outpatient unit at Hull Royal Infirmary.

Methods: The study explored via action research what really matters to older service users in relation to their experiences of being treated as a person in healthcare. This was utilised to achieve a participatory form of reflection, and discussion of care in humanising and dehumanising terms to try to establish what kind changes were required to humanise care. Tripartite Action Research Groups composed of approximately ten service users, service providers and academics who met in two different locations during the study.

Conclusion: Focusing care on what is important to individuals as human beings enables nurses to understand and more fully appreciate the individual's personal experience of ill-health so they can better support them. Doing so could ensure a dignified and respectful approach to care that puts the patient first. The importance of getting to know the patient via a lifeworld lens helps humanise care with organisational processes in place to foster humanistic care. Humanising care can underpin values and foster culture change in an organisation.

4.8 Simpkin, A.L, Dinardo, P.B., Pine, E. and Gaufberg, E. (2017). Reconciling technology and humanistic care: lessons from the next generation of physicians. Medical Teacher

Premise: There is growing concern that the use of technological advances in healthcare has a negative impact on compassionate patient-centred care (Humanistic care). The study explored how to achieve symbiosis of technology and the delivery of humanistic, patient-centred care.

Methods: A qualitative study utilising data from 138 essays of medical students in the USA and Canada, responding to the idea of how technology plays a role in the delivery of humanistic patient care. Data was then analysed and coding using Nvivo.

Conclusion: Seven themes emerged: patient perspective; life-giving versus life-prolonging; boundaries between human and technology; distancing versus presence; adapting to change, and tools to enhance care and definitions of technology. Patients serve as a crucial guide to steering humanistic technological supported care. The recommendations proposed to: engage with patients and their families; use of reflection; the need to cultivate caring arts such as listening and touch; organisational design and collaboration to promote humanistic care, and detaching in the curricula that systematically incorporates health technology and humanistic delivery of patient care.

4.9 Branch, W.T. Jr, Frankel, R.M., Hafler, J.P., Weil, A.B. et al (2017). A multi-institutional longitudinal faculty development program in humanism supports the professional development of faculty teachers. Academic Medicine

Premise: The need for more humanistic caring is required for today's healthcare. This has long been acknowledged and is slowly being incorporated into settings. The program is a longitudinal, small-group faculty development program for strengthening humanistic teaching and role modelling, undertaken over 11 years (2005–2006 through 2016–2017) at 30 U.S. and Canadian medical schools that still continues today. It involved 933 faculty, thirty schools and a number of residents. The teaching methods employed were narrative reflective writing exercises, appreciative inquiry, mindfulness, personal awareness explorations, short didactic presentations, and case discussions.

Methods: A mixed methods design. A quantitative study using a 10-item questionnaire, the Humanistic Teaching Practices Effectiveness Questionnaire (HTPE), which was completed by learners who did not know whether their teacher was a participant or a control. This questionnaire rates faculty as humanistic teachers and role models and their humanistic behaviours. An initial qualitative study uncovered detailed insights into the educational processes at work using narrative reflection. A second qualitative study utilised a narrative analysis as a framework and focused on a highly humanistic story that humanised the narrator.

Conclusion: The findings of the quantitative data showed that the participants were consistently favoured over the controls based on a validated learner-completed measure. The qualitative data found that changes over time in narrative content suggest a progression of participants from lower to higher stages of professional development; using Kegan's framework (a conceptual framework to incorporate both humanistic attitudes and professional growth as aspects of professional identity formation). The programme facilitated professional development in Humanism and led them to internalise humanistic values and learning and sharing with their colleagues.

4.10 Hawthornthwaite, L., Roebotham, T., Lee, L., O'dowda, M. et al (2018). Three Sides to Every Story: Preparing Patient and Family Storytellers, Facilitators, and Audiences. The Permanente Journal

Premise: The stories from patients give insight into healthcare professionals' ability to provide compassionate patient and family centred care. This study sought to gain insights into the benefits and consequences of patient storytelling and explore the impact on participants

Methods: A survey of 540 participants was conducted after storytelling workshops and education sessions on the participants and the patient.

Conclusion: A curriculum with storytelling allows for individualised care, communicating in a way that humanises the patient and creates a connectedness of patient and healthcare worker. It is important to remember that patient stories are personal and can be very emotional for both patient and healthcare worker so processes of support afterwards need to be put in situ.

4.11 Rider, E.A., Gilligan, M.A.C., Osterberg, L.G., Litzelman, D.K. et al (2018). Healthcare at the crossroads: the need to shape an organizational culture of humanistic teaching and practice. Journal of General Internal Medicine

Premise: There has been lots of change in the healthcare setting, including the strive to be cost effective and increased patient output, and this has led to less humanistic practices due to time constraints. The objective was to identify organisational factors that either promoted or inhibited humanistic care.

Methods: The program included participants being involved in twice monthly experiential learning and reflective learning sessions for a year. They were asked to write reflectively on two open-ended questions regarding institutional-level motivators and impediments to humanistic practice and detaching in their organisation.

Conclusion: Organisational culture was the overarching theme in motivational factors. The sub themes included the following: supportive leadership of medical humanism; the responsibility to role model humanism; organised activities designed to promote humanism, and practice structures that facilitated humanism. Barriers included unsupportive leadership, bureaucratic pressures, inadequate time spent with patients and non-facilitative practice structures.

4.12 Hoad, N., Swinton, M., Takaoka, A., Tam, B. et al (2019). Fostering humanism: a mixed methods evaluation of the Footprints Project in critical care. BMJ Open

Premise: A personalised patient footprints form and white board were developed to allow sharing the patient's story with healthcare professionals.

Methods: The Footprints Project was implemented over two years in an intensive care unit (ICU). Semi-structured interviews were undertaken with 10 clinicians, five focus groups with 25 clinicians, interviews with five patients and 13 family members, and audit on the uptake of utilising boards.

Conclusion: The results showed that the project facilitated holistic, patient-centred care by setting the stage for the patient and families experience in ICU and humanising the patient for the clinicians. The Footprints Project helped with the fostering deeper connections and more personal conversations, and engaged clinicians with the patients' lives before this.

4.13 Straughair, C. (2019). Cultivating compassion in nursing: a grounded theory study to explore the perceptions of individuals who have experienced nursing care as patients. Nurse Education in Practice

Premise: The need to be compassionate in healthcare remains paramount but there appears to be emerging reports that this human side of caring is lacking in healthcare.

Methods: A constructivist grounded theory study was undertaken with eleven participants who had experienced nursing care as patients and an exploration of what they perceive compassion to be. Theoretical sampling was achieved by data collection via eleven interviews, a focus group discussion and three additional interviews.

Conclusion: Compassion is viewed as an individualised experience of a humanistic approach to care. Compassion needs to be cultivated by nurses and be educated on building compassionate care. Role modelling and leadership was recognised as core strategies to cultivate compassion and support humanising approaches to care.

4.14 Tortez, L.M., Quinlan, P.S., Makaryus, A.N., George, C. et al (2020). The long-term impact of an interprofessional humanistic faculty development programme: A qualitative investigation. Journal of Evaluation in Clinical Practice

Premise: This longitudinal study explores how learning is utilised in the workplace in daily practice. It evaluates the impact of the Mentoring and Professionalism in Training (MAP-IT) which was an interprofessional faculty development curriculum designed to enhance clinicians' humanistic mentoring skills. It specifically studied nurses and physicians. The study involved 21 former high-potential mentors and facilitator leaders who had graduated from 2014 to 2016 from the MAP-IT programme.

Methods: A qualitative design utilising concept analysis. Semi-structured focus groups were undertaken between August and September 2017 to evaluate participants' experiences of the impact of the MAP-IT training in their work environment. They were asked how the training impacted on them professionally, on their colleagues and on their patients. Each session was recorded and probes asked as required. Meaningful segments of text were found to stand on their own and were related to the impact of the learning of the programme.

Conclusion: Positive outcomes were found in the results on humanistic teaching skills and mentoring skills. Nine major themes were identified

1. Incorporation into clinical practice: Applying the skills learned on the programme
2. Self-care: The importance of self-care to build resilience and to help prevent burnout
3. Team building and conflict resolution: The importance to improve relationships between individuals and ability to resolve any conflict
4. Mindfulness: Incorporating mindfulness into their own daily life and supporting others to be mindful in "wellness rounds"
5. Mentorship: Role modelling was found to be the most effective methods of teaching
6. Professionalism: Promoting professional behaviour such as reporting errors and promoting ethical behaviour
7. Interprofessional collaboration: Small group fostered open communication and meaningful interactions whilst appreciating each other
8. Humanism: An increased humanistic outlook on relationships with others, enhanced humanistic mentoring skills and the importance of patient-centred care
9. Appreciative inquiry: The use of appreciative inquiry to stimulate a supportive safe environment and a positive organizational culture change

The study highlights the importance of humanism in healthcare, and the need for the organisation to support staff in providing training and mentorship to enable staff to deliver patient-centred compassionate, humanistic care interprofessionally.

Step 5: Collate, summarize, and report the results

In this stage of the scoping review a thematic table was constructed based on the data charting form that was used to provide an overview of the breadth of the literature. Below in Table 1 a thematic analysis and conclusions are presented.

Table 1: Scoping literature review – Humanism (Fuller details of papers can be found in Step 4)

#	Article	Country	Premise	Methods	Conclusion
4.1	Garrouste-Orgeas et al (2014)	France	Effectiveness of family members' and staff's patient diaries on the recovery of patients in the ICU environment	Semi-structured in-depth interviews. Grounded theory to conceptualise interview data using three-step coding process	Diaries served as effective tools to deliver holistic patient- and family-centered care , and may play a major role in improving the well-being of ICU-patient families
4.2	Adam and Taylor (2014)	UK	An evaluation of a teaching approach designed to enhance students' ability to deliver compassionate care	Class discussions with tutors about the content of formative reflections	Realisation that they could handle things differently when encountering difficulties trying to provide compassionate care
4.3	Adamson and Dewar (2014)	UK	Describe how the use of stories within the curricula can be used to enhance knowledge and skills in compassionate caring	Action research: stories obtained within clinical practice to stimulate reflective learning	Reflective learning can be a valuable strategy for students to gain new knowledge and to challenge predetermined ideas. Stories can facilitate understanding of own and others' expectations
4.4	Chou et al (2014)	USA	Identification of attitudes and habits that highly humanistic physicians perceive allow them to sustain a humanistic approach to patient care	Cross-sectional qualitative study using semi-structured interviews with internal medicine residents	Identification of factors that highly humanistic attending physicians perceive help them to sustain a humanistic outlook which my inform teaching
4.5	Beltran Salazar (2016)	Colombia	To understand the meaning of the experience of humanized nursing care	Interpretative phenomenological study using in-depth interviews. Analysed using the procedures proposed by Cohen, Kahn, and Steeves (2002)	Humanized care has a positive effect on the human condition of nurses, institutional intentions, and attitude and

					disposition focused on patient wellbeing
4.6	Sinclair et al (2016)	Canada	To investigate patients' perspectives on issues associated with training healthcare providers in compassionate care	Semi-structured interviews using grounded theory	Patient centred, evidence-informed, compassion training is a crucial initial step toward the further development of healthcare competency
4.7	Galvin et al (2016)	UK	Exploring what are the transferable benefits of a new participatory leadership strategy for improving the human dimensions of human services	Action research: engaging service user groups within in- and out-patient health services and service providers through assessment of their experiences	Identification of transferable processes that have potential to enhance dignity in care for older people in other human service areas
4.8	Simpkin et al (2017)	USA	Exploring the rising use of technology in medicine compassionate patient-centered care	Qualitative study using medical student's diaries describing role of technology in their life experience	Listening to medical students lends insight into ways to integrate technology into the healthcare environment, to facilitate integration in the next generation of medical professionals
4.9	Branch et al (2017)	USA / Canada	Description of the experiences of medical school students of a development program for strengthening humanistic teaching and role modelling	Qualitative analysis of several cohorts, engagement and attendance by faculty participants, and multimodal evaluation of small groups	Reflects on the program's accomplishments and how faculty trained in such programs could lead institutional initiatives to foster positive change in humanistic professional development
4.10	Hawthornt hwaite et al (2018)	UK / Canada	To develop an educational patient experience curriculum, on the benefits of patient storytelling	Surveying audience members at nursing orientation events and interviews with patient storytellers	Facilitation of storytelling sessions is crucial to the delivery of a curriculum that benefits both patients and participants
4.11	Rider et al (2018)	USA	Exploring Institutional-level motivators and impediments to humanistic	Reflective writing on two open-ended questions. Responses analysed using constant comparative method	Organizational and practice environments have largely focused on cultivating humanistic attributes

			practice and teaching within medical schools		in individuals. Change at the organizational level is at least equally important
4.12	Hoad et al (2019)	Canada	To assess the uptake, sustainability and influence of the Footprints Project in ICU patients, their families and clinicians	Mixed-methods. Personalised patient Footprints Form and Whiteboard.	The Footprints Project fosters humanism in critical care practice through the sharing of valuable patient personal information
4.13	Straughair (2019)	UK	To explore patients' experiences of nursing care, to provide insight into what compassion involves as an enduring philosophy of nursing practice	Constructivist grounded theory approach using focus groups and semi-structured interviews	Importance of cultivating compassion, through learning, role modelling, leadership and resources, and systems and processes, and ways of working for compassion
4.14	Tortez et al (2019)	UK	Develops a conceptual framework for humanizing care, providing eight philosophically informed dimensions of humanization	Draws from qualitative research to illustrate concepts developed	Describes a reciprocal relationship in which the humanizing value framework guides qualitative research; which in turn supports the humanising emphasis

Thematic Analysis and Conclusion

There were a number of primary themes identified during this literature review to inform the research project and these are: person-centred care; compassion; strategies and educational techniques, and organisational culture.

Person-centred care

Practicing humanistic care requires altruism, integrity, and empathy, as well as a dedication to service and sensitivity to the values and backgrounds of others (adapted from Gold Foundation 2016). Sueiras et al (2017) found that there was a shift in medical ideology from a paternalistic viewpoint to a consociate; this is where rapport is established within a cooperative relationship where the patient's autonomy is recognised. The values include person holistic centeredness, interaction with the patient and their family based on understanding, and humane companionship which fosters genuine and empathic engagement. The World Health Organisation (WHO, 2019) promotes a person-centred approach with a global goal of humanising healthcare by trying to ensure human rights and dignity, and of non-discriminatory relationships with equity of healthcare access to all.

From the studies in this scoping review, person-centred care was identified as a core theme to foster humanistic care. Chou et al (2014) found that highly humanistic physicians had attitudes of humility, curiosity (a genuine desire to get to know and interact with the patient) and a desire to maintain high standards of care. They utilised strategies such as communication, compassion, person-centred care and reflection to promote humanism. Garrouste-Oregas et al (2014) highlights that diaries were a powerful tool to giving person-centred care. Beltran Salazar (2016) highlights the need to put the patient at the centre of the care model and to holistically look after the patient. Simpkin et al (2017) also refer to the importance of patient-centred care to be humanistic. Adamson and Dewar (2014) suggest that relationship-centred care can be promoted using stories about the experience of giving and receiving care, and reflection on care can promote a humanistic perspective.

Compassion

Compassion is closely linked to humanism in the literature. Compassionate care is a key focal point in healthcare, the media, policy settings, and academic institutions (Patterson 2012). It is essential that healthcare workers can deliver care with compassion. Compassion is viewed as the cornerstone of good quality care (Patterson 2012, Hawthornthwaite et al. 2018, NMBI 2016, NHS 2016). Compassionate care has a number of crossover elements with humanistic care, involving virtues such caring, kindness, engaging in relationships with respect and dignity, autonomy and genuineness. (Adam and Taylor, 2014; Cumming and Bennett 2012; Williams and Stickley, 2010). This is supported by West and Dawson (2011) who argue that cultures of engagement, caring, compassion and respect in healthcare for all provide the ideal environment to care. Compassion was perceived as a vital component of humanistic healthcare.

Compassion is a positive mindset; it helps health care workers maintain a caring and concerned attitude towards every patient they work with and protects the health care workers against empathic distress and burnout. The literature highlights that patients cared for by humanistic clinicians have better outcomes (Hojat et al, 2011) and increased satisfaction (Steinhausen et al, 2014) and that this improves patient adherence to care (Sylvia et al, 2013) and overall staff satisfaction (Dewar and Cook, 2014; Hewison et al, 2018).

In terms of fostering compassion in education and training, Adam and Taylor (2014) highlight the core competences for compassion training: (i) building a relationship to develop a genuine interest and rapport with the patient; (ii) understanding the patient as a human being, and (iii) developing a

connection. Simpkin et al (2017) highlight that there is growing concern that the use of technological advances in healthcare has a negative impact on compassionate patient-centred care (Humanistic Care). Straughair (2019) recognises that compassion is viewed as an individualised experience of a humanistic approach to care and needs to be cultivated by nurses who are educated on building compassionate patient-centred care. Furthermore, Adamson and Dewar (2014) highlight that compassionate care can be enhanced by ensuring its inclusion in the curricula for the education of nurses and other healthcare professionals.

Strategies and educational techniques

Garrouste-Oregas et al (2014) highlighted that the use of patient diaries was a powerful tool to ensure that the family felt that health professionals viewed the patient as a human being which was evident from diary entries. It allowed health professionals to see the patient from a human perspective and as a person. Hoad et al (2019) found that a personalised patient "footprints form" and white board allowed sharing the patient's story with healthcare professionals, therefore, fostering deeper connections and more personal conversations. The results showed that the project facilitated holistic, patient-centred care by setting the stage for the patients' and families' experience in ICU and humanising the patient for the clinicians. These strategies engaged clinicians with the patients' lives before hospitalisation which is arguably the essence of humanistic care. Hawthornthwaite et al (2018) highlight that a curriculum with storytelling gives healthcare professionals the opportunity to appreciate individualised care, communicating in a way that humanises the patient and creates a connection between patient and healthcare worker. It is important to remember that patient stories are personal and can be very emotional for both patient and healthcare worker so processes of support may need to be provided.

Compassion training involves developing several core competences required to compassion training: building a relationship to develop a genuine interest and rapport with the patient; understanding the patient as a human being, and developing a connection. Adam and Taylor (2014) found that the learning needs identified included communication, assertiveness skills, emotional strength and resilience building to equip the future health professional with the competencies for compassionate care. It also found that reflection with a tutor was a useful tool to aid the healthcare student in the delivery of compassionate care. Straughair (2019) found that role modelling and leadership were recognised as core strategies to cultivate compassion and support humanising approaches to care.

Adamson and Dewar (2014) highlight that the use of stories about the experience of giving and receiving care and reflective learning can enable nurses to provide compassionate relationship-centred care within practice in a humanistic manner. Chou et al (2014) found that the habits that humanistic physicians engaged in to ensure humanistic care included self-reflection, connecting with patients, teaching and role modelling, and achieving work–life balance.

Organisational Culture

Beltran Salazar (2016) highlights the need to promote a culture of humanistic care and the need to have a workforce that is not 'burnt out' to promote humanistic care. Rider et al (2017) found organisational culture was the overarching theme in motivational factor for humanistic care delivery. The sub themes included supportive leadership of medical humanism, the responsibility to role model humanism, organised activities designed to promote humanism, and practice structures that facilitated humanism. Simpkin et al (2016) recommended engagement with patients and their families, use of reflection, the need to cultivate caring arts such as listening and touch, organisational design and collaboration to promote humanistic care, and detaching in the curricula that

systematically incorporates health technology and humanistic delivery of patient care. Galvin et al (2016) in the Humanising Care Project showed the importance of getting to know the patient via a lifeworld lens to help humanise care with organisational processes in place to foster humanistic care. Humanising care can underpin values and foster culture change in an organisation. Straughair (2019) suggests that compassion is viewed as an individualised experience of a humanistic approach to care. Compassion needs to be cultivated by nurses and educated on building compassionate care.

Conclusion

From reviewing the literature, humanisation is not something that happens but must be taught, developed and practiced. There are numerous ways in which this can be aided by encouraging compassion, integrity, human connections, person-centred care to focus on the person's story and lived experience of the healthcare encounter. There also need to be cultures of this in the organisation which includes collaboration with all healthcare members and the person and their family. The focus on care needs to be holistic, viewing the person as a human being as opposed to a task-orientated carer where deadlines have to be adhered to. Patient-centred care can be argued as a humanistic way of caring as the patient experience and ways of being are recognised and addressed as opposed to simply conducting routine tasks on patients. Reflective practice can encourage health care practitioners to identify if this is occurring and ensure all the healthcare approaches are grounded in humanistic care. Role modelling and a supportive collaborative culture can all assist in the development of humanistic care. All of these healthcare approaches can increase humanistic care in the healthcare setting but require a holistic view of the patient at the centre and that the healthcare professionals are listening to the patient's story. The patient's voice is central to learning about the individual's experience and how to improve it. The patient's story in whatever format is a powerful tool in helping healthcare workers to focus on the patient as a human and promotes building a culture of humanistic care.

Key Findings

There is a wide variety of skills that need to be developed for humanistic care. Communication is vital and includes the concepts of compassionate communication, listening skills and hearing the patients'/families' voices. Through this communication, skills are developed that allow the healthcare professional to become acquainted with the patient and to view that patient as a person. Adam and Taylor (2014), Adamson and Dewar (2014), Hawthornthwaite et al (2018) and Hoad et al (2019) all highlight the importance of communication as an essential dimension of being compassionate.

Reflective practice assists the healthcare professional to get to know themselves and the patient, enhances the ability to convey a sense of caring and compassion, and help with the emotional cost of caring. Chou et al (2014), Adamson and Dewar (2014), Simpkin et al (2017) and Branch et al (2017) found reflection to be an important tool to cultivate humanistic care.

Storytelling brings the whole person to the forefront and enhances the connection between patient and healthcare worker and allows the patient to be viewed in a holistic manner leading to enhanced person-centred care. Various authors found the person's story or voice to be a core component of humanising care (Garrouste-Oregas et al 2014; Adamson and Dewar 2014; Hawthornthwaite et al 2018; Hoad et al 2019).

Good role modelling is essential to promote humanistic care and values (Galvin et al 2016, Rider et al 2017, Branch et al 2017, Tortez et al 2019).

Organisational culture needs to promote humanistic care and support healthcare professionals in this. Beltran Salazar (2016), Galvin et al (2016), Rider et al (2017) and Tortez et al (2019), highlight the need for organisational culture to be invoked as a strategy to promote humanistic care. Straughair (2019) found that leadership needed to be developed and arguably this needs to come from an organisational culture to promote this.

The need to continue to strive for humanistic care is evident but how to achieve this is still open to investigation. There are a variety of methods proposed but one key aspect is the patient's voice and

story. The project 'Humanizing healthcare education through the use of storytelling' (StoryAidEU) will further investigate the importance of the patient's story. This research has identified a number of different methods to enhance the education of healthcare professionals understanding of humanism (highlighted in the key findings section above). This understanding and the teaching and learning strategies will be investigated in the Delphi study which is the next step of the project.

Step 6. Consultation exercise

The consultation exercise at the end of the scoping literature reviews and the concept analysis was a Delphi consensus study undertaken in July/August 2020. This was conducted online using a questionnaire. Project partners were asked to disseminate the questionnaire amongst their networks across a range of professions and disciplines. Participants' details are outlined in the Delphi Study Report: StoryAid Delphi Study Round One.

From analysis from the Delphi study, a third of those aged 31-40 (35%) and just over a quarter aged 30 and under (30%) had never heard of humanism. One hundred percent of those aged over 60 had either used it or felt comfortable using it; 82% of the 41-50 age group, and 78% of those aged 51-60. Despite this difference, 66% of those aged 31-40 and 63% of those aged 30 and under had either used it or felt comfortable using it; although only 25% of those aged 30 and under reported feeling comfortable using it, similarly for those aged 51-60 (25%). This was compared to 40% of those aged over 60, and 59% of those aged 41-50 reporting feeling comfortable using it. This difference across the age groups in experience was found to be statistically significant ($p > 0.05$).

Fuller details can be found on the full report of the Delphi Study.

References

Adam, D. and Taylor, R. (2014). Compassionate care: empowering students through nurse education. Nurse Education Today, 34(9), 1242-45.

Adamson, E. and Dewar, B. (2014) Compassionate care: student nurses' learning through reflection and the use of story. Nurse Education in Practice, 15(3), 155-161.

Áras Attracta Swinford Review Group (2016). What matters most: report of the Áras Attracta Swinford Review Group. Report. Áras Attracta Swinford Review Group/Health Services Executive (HSE): Dublin. [Online]. Available from: https://static.rasset.ie/documents/news/aasrgwhatmattersmost.pdf.

Arksey, H. and O'Malley, L. (2005). Scoping studies: towards a methodological framework. International Journal of Social Research Methods: Theory and Practice, 8(1), 19-32.

Beltran Salazar, O.A. (2016). The meaning of humanized nursing care for those participating in it: importance of efforts of nurses and healthcare institutions. Investigacion y Educacion en Enfermeria. 34(1), 18-28.

Branch, W.T. Jr, Frankel, R.M., Hafler, J.P., Weil, A.B., Gilligan, M.C., Litzelman, D.K., Plews-Ogan, M., Ride,r E.A., Osterberg, L.G., Dunne, D., May, N.B. and Derse, A.R. (2017). A multi-institutional longitudinal faculty development in humanism supports the professional development of faculty teachers. Academic Medicine, 92(12), 1680-1686.

Chou, C.M., Kellom, K. and Shea, J. (2014). Attitudes and habits of highly humanistic physicians. Academic Medicine, 89(9), 1252-1258.

Cohen, J. (2007) Viewpoint; Linking professional to humanism; What it means, why it matters. Acad Med 82;1029-1031

Compassion in Practice Nursing, Midwifery and Care Staff Our Vision and Strategy (2012). Available from https://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf

Cummings, J., Bennett, V., 2012. Compassion in practice: nursing, midwifery and care staff our vision and strategy. [Online] Available from: www.commissioningboard.nhs.uk.

Dahlberg K, Todres L, Galvin K. Lifeworld-led healthcare is more than patient-led care: an existential view of well-being. Med Health Care Philos. 2009 Aug;12(3):265-71. doi: 10.1007/s11019-008-9174-7. Epub 2008 Dec 20. PMID: 19101822.

DeCarvalho, R. (1991). The humanistic paradigm in education. The Humanistic Psychologist, 19(1), 88-104.

Dewar, B. and Cook, F. (2014). Developing compassion through a relationship centred appreciative leadership programme. Nurse Education Today, 34(9) 1258-1264.

Fasanelli, R., Alterio, V.D. and De Angelis, L., Piscitelli, A. and Aria, M. (2017) 'Humanisation of care pathways: training program evaluation among healthcare professionals', Electronic Journal of Applied Statistical Analysis, 10(2), 484-497.

Galvin, K.T., Cowdell, F., Sloan, C., Pound, C., Ellis-Hill, C., Ersser, S., Watson, R. and Brooks, S. (2016). Humanising Services: a new transferable leadership strategy for improving 'what matters to older people' to enhance dignity in care. Project Report. Burdett Trust for Nursing: London. [Online]. Available from: http://www.btfn.org.uk/our-reports/.

Garrouste-Orgeas, M., Périer, A., Mouricou, P., Grégoire, C., Bruel C., Brochon, S., Philippart, F., Max, A. and Misset, B. (2014). Writing in and reading ICU diaries: qualitative study of families' experience in the ICU. PLoS One. 9(10), e110146.

Gold Foundation (2016). Adapted from reference: "FAQs - What is humanism in healthcare?" Arnold P. Gold Foundation: NJ, USA. [Online]. Available from: http://www.gold-foundation.org/about-us/faqs/.

Grant, M.J. and Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. Health Information and Libraries Journal, 26(2), 91-108.

Hawthornthwaite, L., Roebotham, T., Lee, L., O'dowda, M. and Lingard, L. (2018). Three Sides to Every Story: Preparing Patient and Family Storytellers, Facilitators, and Audiences. The Permanente Journal, 22:17-119.

Heras La Calle, G., Oviés, Á.A., and Tello, V.G., 2017. A plan for improving the humanisation of intensive care units. Intensive Care Medicine 43, 547–549. doi:10.1007/s00134-017-4705-4

Hewison, A., Sawbridge, Y., Cragg, R., Rogers, L., Lehmann, S. and Rook, J. (2018), "Leading with compassion in health care organisations: The development of a compassion recognition scheme-evaluation and analysis", Journal of Health Organization and Management, Vol. 32 No. 2, pp. 338-354. https://doi.org/10.1108/JHOM-10-2017-0266

Hoad, N., Swinton, M., Takaoka, A., Tam, B., Shears, M., Waugh, L., Toledo, F., Clarke, F.J., Duan, E.H., Soth, M. and Cook, D.J. (2019). Fostering humanism: a mixed methods evaluation of the Footprints Project in critical care. BMJ Open, 9(11).

Hojat M., Louis D. Z., Markham F. W., Wender R., Rabinowitz C., Gonnella J. S. (2011). Physicians' empathy and clinical outcomes for diabetic patients. Acad. Med. 86 359–364.

http://dspace.flinders.edu.au/jspui/bitstream/2328/3326/4/AACODS_Checklist.pdf

Laska-Formejster, A. (2016). Humanism in medicine -practical dimension: analysis of the documents (complaints and requests of patients) -problems and dilemmas. World Scientific News, 57(2016), 493-502.

Levac, D., Colquhoun, H. and O'Brien, K.K. (2010). Scoping studies: advancing the methodology. Implementation Science, 5(69).

Lown B., (2014) Towards more compassionate healthcare systems. International Journal of Health Policy Management, 2(4), 199-200.

Mannion R. Enabling compassionate healthcare: perils, prospects and perspectives. Int J Health Policy Manag 2014; 2: 115–117. doi: 10.15171/ijhpm.2014.34.

Maslow AH, (1968) Towards a psychology of being (2nd edition) New York.

Munn, Z., Peters, M.D.J., Stern, C. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. BMC Medical Research methodology, 18(143).

Nursing and Midwifery Board Ireland (2016) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. NMBI.

O'Neill, D. (2006). A review of the deaths at Leas Cross Nursing Homes. Report. Health Services Executive (HSE): Dublin. [Online]. Available from: https://www.hse.ie/eng/services/publications/

OECD/EU (2018). Health at a glance: Europe 2018: State of health in the EU Cycle. Report. OECD Publishing: Paris. [Online]. Available from: https://ec.europa.eu/health/sites/health/files/state/docs/2018_healthatglance_rep_en.pdf.

Patterson, C., 2012. How can a profession whose raison d'etre is caring, attract so much criticism for its perceived callousness? Does nursing need to be managed differently? Or is the answer to develop a new culture of compassion? The Independent. 12 April 2012. Available at https://bit.ly/34siNfW (accessed 13/03/2019).

Peters, M.D.J., Godfrey, C. and McInerney, P. (2020). Chapter 11: Scoping reviews (2020 version). In: E. Aromataris and Z. Munn (Eds.). JBI Manual for Evidence Synthesis. Adelaide, South Australia: Joanna Briggs Institute (JBI), 2020. [Online]. Available from: https://synthesismanual.jbi.global.

Pham M.T., Rajic A., Greig J.D., Sargeant J.M., Papadopoulos, A., McEwan S.A. (2014), A scoping review of scoping reviews: advancing the approach and enhancing the consistency. Research Synthesis Methods, 5(4), 371–385.

Rider, E.A., Gilligan, M.A.C., Osterberg, L.G., Litzelman, D.K., Plews-Ogan, M., Weil, A.B., Dunne, D.W., Hafler, J.P., May, N.B., Derse, A.R., Frankel, R.M. and Branch, W.T. (2018). Healthcare at the crossroads: the need to shape an organizational culture of humanistic teaching and practice. Journal of General Internal Medicine, 33(7), 1092–1099.

Rogers CR (1946), Significant aspectsof client-centered therapy. American Psychologist 1, 415-422.

Rogers, C.R. and Freiberg, H. J. (1994). Freedom to learn (3rd Ed.). Macmillan: New York.

Simpkin, A.L, Dinardo, P.B., Pine, E. and Gaufberg, E. (2017). Reconciling technology and humanistic care: lessons from the next generation of physicians. Medical Teacher, 39(4), 430-435. Epub Dec 2016.

Sinclair, S., Torres, M.B., Raffin-Bouchal, S., Hack, T.F., McClement, S., Hagen, N.A., Chochinov, H.M. (2016). Compassion training in healthcare: what are patients' perspectives on training healthcare providers? BMC Medical Education, 16:169.

Steinhausen, S., Ommen, O., and Neugebauer, E., (2014). Short- and long-term subjective medical treatment outcome of trauma surgery patients: The importance of physician empathy. Patient Preference and Adherence 8, 1239–1253. doi:10.2147/PPA.S62925

Straughair, C. (2019). Cultivating compassion in nursing: a grounded theory study to explore the perceptions of individuals who have experienced nursing care as patients. Nurse Education in Practice, 35, 98–103.

Sucharew, H. and Macaluso, M. (2019). Methods for research evidence synthesis: the scoping review approach. Journal of Hospital Medicine, 14(7), 416-418.

Sueiras, P., Romano-Betech, V., Vergil-Salgado, A., de Hoyos, A., Quintana-Vargas, S., Ruddick, W., Castro-Santana, A., Islas-Andrade, S., Altamirano-Bustamante, N.F. Altamirano-Bustamante, M.M. (2017). Today´s medical self and the other: challenges and evolving solutions for enhanced humanization and quality of care. PloS one, 12(7), e0181514.

Sylvia, L.G., Hay, A., and Perlis, R.H.,(2013). Association between therapeutic alliance, care satisfaction, and pharmacological adherence in bipolar disorder. Journal of Clinical Psychopharmacology 33, 343–350.

The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013). Report of the Mid Staffordshire NHS Foundation Trust Pubic Inquiry: executive summary. Report. HC947/2535334 01/13. The Stationery Office (TSO): London. [Online]. Available from: https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

Todres, L., Galvin, K.T. and Holloway, I. (2009). The humanization of healthcare: a value framework for qualitative research, International Journal of Qualitative Studies on Health and Well-being, 4(2), 68-77.

Tortez, L., Quinlan, P., Makaryus, A., George, C., Caruso, V., Gilman, S., Ricardo, A. and Fornari, A. (2019). The long-term impact of an interprofessional humanistic faculty development programme: a qualitative investigation. Journal of Evaluation in Clinical Practice, 26(3), 738-746.

Tricco, A.C., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Kastner, M., Levac, D., Ng, C., Pearson Sharpe, J., Wilson, K., Kenny, M., Warren, R., Wilson, C., Stelfox, H.T. and Straus, S.E. (2016), A scoping review on the conduct and reporting of scoping reviews. BMC Medical Research Methods, 16(15).

Tricco, A.C., Lillie, E., Zarin, W., O'Brien, K., Colquhoun, H., Levac, D., Moher, D., Peters, M.D.J., Horsley, T., Weeks, L., Hempel, S., Akl, E.A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M.G., Garritty, C., Lewin, S., Godfrey, C.M., Macdonald, M.T., Langlois, E.V., Soares-Weiser, K., Moriarty, J., Clifford, T., Tuncalp, O., Straus, S.E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Annals of Internal Medicine, 169(7), 467-473.

Tyndall J. and DSpace Flinders (2010), The AACODS checklist URL. [Online]. Available from:

West, M. and Dawson, J. (2011) Employee Engagement and NHS Performance. NHS Staff Management and Health Service Quality. Department of Health, UK Government, London.

Williams, J.and Stickley, T., (2010). Empathy and nurse education. Nurse Education Today 30, 752–755.