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BIBLIOGRAPHIE SUR L'HUMANISATION DES SOINS

Cette bibliographie a été préparée pour soutenir les boursières 2018 du Programme FORCES. Elle traite de la qualité humaine de l'accueil et des relations des membres du personnel de la santé et des services sociaux avec les usagers.

Le Programme FORCES de formation pour cadres est un programme axé sur le travail d'équipe qui offre des bourses pour l'amélioration de la qualité (AQ) et le leadership à des participants de partout au Canada. Ce programme a été développé par la Fondation canadienne pour l'amélioration des services de santé. (www.fcass-cfhi.ca)

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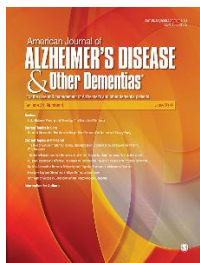
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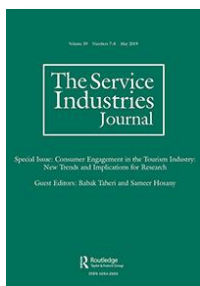
Approche centrée sur la personne (Person-Centered practice)

Barbosa, A., Sousa, L., Nolan, M., & Figueiredo, D. (2015). **Effects of Person-Centered Care Approaches to dementia care on staff: A systematic review.** *American Journal of Alzheimer's Disease and Other Dementias, 30*(8), 713-722.



Résumé: Person-centered care (PCC) has been the subject of several intervention studies reporting positive effects on people with dementia. However, its impact on staff remains unclear. The purpose of this systematic review was to assess the impact of PCC approaches on stress, burnout, and job satisfaction of staff caring for people with dementia in residential aged care facilities. Research articles published up to 2013 were searched on PubMed, Web of Knowledge, Scopus, and EBSCO and reference lists from relevant publications. The review was limited to experimental and quasi-experimental studies, published in English and involving direct care workers (DCWs). In all, 7 studies were included, addressing different PCC approaches: dementia care mapping (n = 1), stimulation-oriented approaches (n = 2), emotion-oriented approaches (n = 2), and behavioral-oriented approaches (n = 2). Methodological weaknesses and heterogeneity among studies make it difficult to draw firm conclusions. However, 5 studies reported benefits on DCWs, suggesting a tendency toward the effectiveness of PCC on staff.

Béliveau, J. (2013). **Middle managers' role in transferring person-centered management and care.** *The Service Industries Journal, 33*(13-14), 1345-1362.



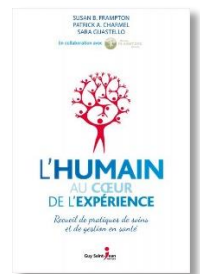
Résumé: This paper presents a study of the role of middle managers in the knowledge transfer related to a person-centered management and care approach at a physical rehabilitation center. This qualitative research comprises a multi-case study, representing the six middle managers of the organization studied. The main findings generated by this research indicate that despite top management's efforts to disseminate a person-centered approach throughout the organization, the knowledge transfer process mainly depends on the absorptive capacity of middle managers. When middle managers have the capacity to absorb the person-centered approach, often because it is compatible with their values and current practices, this capacity is expressed mainly through their behavioral exemplarity. The results of the study also engender an intervention model illustrating the key role of middle managers in the transfer of a person-centered management and care approach. The model includes macro- and micro-contextual elements that facilitate the transfer.

Béliveau, J. et Champagne, F. (Dir.). (2016). **Guide de mise en oeuvre et de pérennisation d'une approche de gestion, de soins et de services centrée sur la personne dans les organisations de santé et de services sociaux.** Sherbrooke, Québec : Éditions de l'Université de Sherbrooke ; Montréal, Québec : Éditions de l'Université de Montréal.



Résumé : Le guide de mise en oeuvre et de pérennisation d'une approche de gestion, de soins et de services centrée sur la personne dans les organisations de santé et de services sociaux est issu d'un projet de recherche mené auprès de cinq établissements membres du Réseau Planetree Québec. Il constitue un outil visant à soutenir les organisations dans leurs efforts de mise en oeuvre d'une approche de gestion, de soins et de services centrée sur la personne.

Frampton, S. B., Charmel, P. A., Guastello, S., Dumas, L., Leboeuf, D. et Poulin, M.-C. (2013). **L'humain au cœur de l'expérience : recueil de pratiques de soins et de gestion en santé.** Laval, Québec : Guy Saint-Jean éditeur.



Résumé : Le Réseau Planetree Québec, dont la mission est de soutenir le développement de cultures de soins, de services et de méthodes de gestion axés sur l'humain, est fier de présenter L'Humain au coeur de l'expérience, adaptation française de The Putting Patients First Field Guide. Puisant dans plus de trois décennies de pratiques gagnantes au sein d'établissements de santé de partout au monde, cet ouvrage invite tous les acteurs et actrices du milieu de la santé à contribuer au développement d'environnements de travail sains, humains et performants. Par-dessus tout, il nous convainc que le savoir-être doit, plus que jamais, y guider le savoir-faire.: Le Réseau Planetree Québec, dont la mission est de soutenir le développement de cultures de soins, de services et de méthodes de gestion axés sur l'humain, est fier de présenter L'Humain au coeur de l'expérience, adaptation française de The Putting Patients First Field Guide. Puisant dans plus de trois décennies de pratiques gagnantes au sein d'établissements de santé de partout au monde, cet ouvrage invite tous les acteurs et actrices du milieu de la santé à contribuer au développement d'environnements de travail sains, humains et performants. Par-dessus tout, il nous convainc que le savoir-être doit, plus que jamais, y guider le savoir-faire.

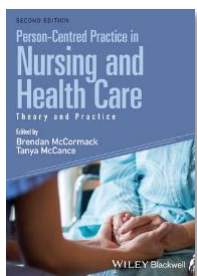


Gondek, D., Edbrooke-Childs, J., Velikonja, T., Chapman, L., Saunders, F., Hayes, D., & Wolpert, M. (2017). **Facilitators and barriers to Person-Centred Care in child and young people mental health services: A systematic review.** *Clinical Psychology & Psychotherapy*, 24(4), 870-886.



Résumé : Implementation of person-centred care has been widely advocated across various health settings and patient populations, including recent policy for child and family services. Nonetheless, evidence suggests that service users are rarely involved in decision-making, whilst their preferences and goals may be often unheard. The aim of the present research was to systematically review factors influencing person-centred care in mental health services for children, young people and families examining perspectives from professionals, service users and carers. This was conducted according to best practice guidelines, and seven academic databases were searched. Overall, 23 qualitative studies were included. Findings from the narrative synthesis of the facilitators and barriers are discussed in light of a recently published systematic review examining person-centred care in mental health services for adults. Facilitators and barriers were broadly similar across both settings. Training professionals in person-centred care, supporting them to use it flexibly to meet the unique needs of service users whilst also being responsive to times when it may be less appropriate and improving both the quantity and quality of information for service users and carers are key recommendations to facilitate person-centred care in mental health services with children, young people and families.

McCormack, B., & McCance, T. (Eds.) (2016). **Person-centred practice in nursing and health care: Theory and practice.** 2nd ed. Wiley-Blackwell.



Résumé : This book looks at the importance of person-centred practice (PCP) from a variety of practice, strategic, and policy angles, exploring how the principles of PCP underpin a variety of perspectives, including within leadership and in the curriculum. The book explores not only a range of methodologies, but also covers a variety of different healthcare settings and contexts, including working within mental health services, acute care, nursing homes, the community, and working with children and people with disabilities.

Paparella, Giuseppe. (2016). **Person-centred care in Europe: A cross-country comparison of health system performance, strategies and structures: Policy briefing.** Oxford, England : Picker Institute Europe. Repéré à : <https://www.picker.org/wp-content/uploads/2016/02/12-02-16-Policy-briefing-on-patient-centred-care-in-Europe.pdf>



Bientraitance

Dupont, M. (2018). **L'émergence de la notion de « bientraitance » à l'hôpital : soigner et prendre soin. Nouvelle référence et valeurs traditionnelles.** Dans E. Belmas et S. Nonnis-Vigilante (dir.), *Les relations médecin-malade des temps modernes à l'époque contemporaine* (p. 173-182). Lille: Presses universitaires du Septentrion.



Résumé : La notion de bientraitance a fait son apparition dans le domaine de la santé, et notamment à l'hôpital, au cours des toutes dernières années, après s'être imposée progressivement dans le secteur médico-social. Elle a reçu en 2009 une consécration légale. Elle s'inscrit désormais parmi les références professionnelles et est considérée comme un outil du management des équipes soignantes, pour une meilleure qualité de l'accueil et des soins. La bientraitance n'est pas seulement le revers, en positif, de la maltraitance, cette dernière étant aujourd'hui identifiée, sous ses différentes formes, comme une préoccupation majeure dans le domaine sanitaire et social. Elle tire sa source de multiples références et valeurs, anciennes et modernes. L'avenir dira si ce mot, qui joue beaucoup de sa force évocatrice, conservera ou non durablement sa faculté de mobiliser les professionnels de santé autour de pratiques bienveillantes et respectueuses des personnes malades.



Fleischer, S., Berg, A., Zimmermann, M., Wüste, K., & Behrens, J. (2009). **Nurse-patient interaction and communication: A systematic literature review.** *Journal of Public Health*, 17(5), 339-353.

Résumé : Aim: The purpose of this review is to describe the use and definitions of the concepts of nurse-patient interaction and nurse-patient communication in nursing literature. Furthermore, empirical findings of nurse-patient communication research will be presented, and applied theories will be shown. Method: An integrative literature search was executed. The total number of relevant citations found was 97. The search results were reviewed, and key points were extracted in a standardized form. Extracts were then qualitatively summarized according to relevant aspects and categories for the review. Results: The relation of interaction and communication is not clearly defined in nursing literature. Often the terms are used interchangeably or synonymously, and a clear theoretical definition is avoided or rather implicit. Symbolic interactionism and classic sender-receiver models were by far the most referred to models. Compared to the use of theories of adjacent sciences, the use of original nursing theories related to communication is rather infrequent. The articles that try to clarify the relation of both concepts see communication as a special or subtype of interaction. The main intention of communication and interaction in the health setting is to influence the patient's health status or state of well-being. Identified important structural factors of communication were: role allocation, different use of language and registers, and the nursing setting. The process of communication is often described with a phase model; communication often happens during other interventions and tasks. In general, influencing factors can be organized into the categories of provider variables, patient variables, environmental and situational variables. Conclusion: The included citations all conclude that communication skills can be learned to a certain degree. Involvement of patients and their role in communication often is neglected by authors. Considering the mutual nature of communication, patients' share in conversation should be taken more into consideration than it has been until now. Nursing science has to integrate its own theories of nursing care with theories of communication and interaction from other scientific disciplines like sociology. © 2008 Springer-Verlag.



Forrester, D., Kershaw, S., Moss, H., & Hughes, L. (2008). **Communication skills in child protection: How do social workers talk to parents?** *Child and Family Social Work*, 13(1), 41-51.

Résumé : Communication skills are fundamental to social work practice, yet there is little research on the skills that workers have or how they use them. This study analyses 24 taped interviews between social workers and an actor playing a parent (a 'simulated client'). Two child protection scenarios with different levels of seriousness were used. On average, social workers asked many closed questions and often raised concerns. They used few reflections and rarely identified positives. In all but one interview, social workers were rated as achieving clarity over issues of concern; however, they tended to demonstrate low levels of empathy. The responses of the simulated client were rated for resistance and information disclosure. The factor that most strongly influenced simulated client responses was empathy. Empathic social workers created less resistance and increased the amount of information disclosed by clients. This was not associated with failure to identify and discuss concerns. Empathy, therefore, appears to be central to good social work communication in child protection situations. Given the comparatively low level of empathy expressed by most participants, development of skills in maintaining empathic communication while raising child protection concerns appears a priority. Practical, theoretical and training implications are discussed.



Frank-Bader, M., Keller, R., Rumohr, G., & Sritharan, S. (2016). **Strengthen nurse-patient communication with the "Social 10".** *Nursing Management*, 47(9), 49-53.

Extrait : Social 10 is an allotment of 10 minutes for the nurse and patient to have uninterrupted time to talk and get to know each other on a more personal level. During this time, nurses are encouraged to refrain from performing clinical tasks, particularly documentation. The intent of this conversation is for patients to talk about themselves, their family, their likes and dislikes, their hobbies, their work, or any other topic of interest.



Moore, P. M., Rivera, S., Bravo-Soto, G. A., Olivares, C., & Lawrie, T. A. (2018). **Communication skills training for healthcare professionals working with people who have cancer**. *Cochrane Database of Systematic Reviews*, 7.



Résumé : Background : This is the third update of a review that was originally published in the Cochrane Library in 2002, Issue 2. People with cancer, their families and carers have a high prevalence of psychological stress, which may be minimised by effective communication and support from their attending healthcare professionals (HCPs). Research suggests communication skills do not reliably improve with experience, therefore, considerable effort is dedicated to courses that may improve communication skills for HCPs involved in cancer care. A variety of communication skills training (CST) courses are in practice. We conducted this review to determine whether CST works and which types of CST, if any, are the most effective. Objectives : To assess whether communication skills training is effective in changing behaviour of HCPs working in cancer care and in improving HCP well-being, patient health status and satisfaction. Search methods : For this update, we searched the following electronic databases: Cochrane Central Register of Controlled Trials (CENTRAL; 2018, Issue 4), MEDLINE via Ovid, Embase via Ovid, PsycInfo and CINAHL up to May 2018. In addition, we searched the US National Library of Medicine Clinical Trial Registry and handsearched the reference lists of relevant articles and conference proceedings for additional studies. Authors' conclusions : Various CST courses appear to be effective in improving HCP communication skills related to supportive skills and to help HCPs to be less likely to give facts only without individualising their responses to the patient's emotions or offering support. We were unable to determine whether the effects of CST are sustained over time, whether consolidation sessions are necessary, and which types of CST programs are most likely to work. We found no evidence to support a beneficial effect of CST on HCP 'burnout', the mental or physical health and satisfaction of people with cancer.

Empathie et compassion

Carmel-Gilfilen, C., Portillo, M., Sullivan, W. C., & Kaplan, R. (2016). **Designing with empathy : humanizing narratives for inspired healthcare experiences**. *Herd: Health Environments Research & Design Journal*, 9(2), 130-146.



Résumé : OBJECTIVE: Designers can and should play a critical role in shaping a holistic healthcare experience by creating empathetic design solutions that foster a culture of care for patients, families, and staff. Using narrative inquiry as a design tool, this case study shares strategies for promoting empathy. BACKGROUND: Designing for patient-centered care infuses empathy into the creative process. Narrative inquiry offers a methodology to think about and create empathetic design that enhances awareness, responsiveness, and accountability. METHODS: This article shares discoveries from a studio on empathetic design within an outpatient cancer care center. The studio engaged students in narrative techniques throughout the design process by incorporating aural, visual, and written storytelling. Benchmarking, observations, and interviews were merged with data drawn from scholarly evidence-based design literature reviews. RESULTS: Using an empathy-focused design process not only motivated students to be more engaged in the project but facilitated the generation of fresh and original ideas. Design solutions were innovative and impactful in supporting the whole person. Similarities as well as differences defined empathetic cancer care across projects and embodied concepts of design empowerment, design for the whole person, and design for healing. CONCLUSIONS: By becoming more conscious of empathy, those who create healthcare environments can better connect holistically to the user to take an experiential approach to design. Explicitly developing a mind-set that raises empathy to the forefront of the design process offers a breakthrough in design thinking that bridges the gap between what might be defined as "good design" and patient-centered care.

Sterkenburg, P.S., & Vacaru, VS. (2018). **The effectiveness of a serious game to enhance empathy for care workers for people with disabilities: A parallel randomized controlled trial**. *Disability and health journal*, 11(4), 576-582.



Résumé : Background: Empathic care is fundamental in healthcare settings and is associated to several positive outcomes for care workers (i.e. burnout, compassion satisfaction) and patients (i.e. therapeutic alliance, trust, wellbeing). Yet, studies showed a decrease in empathy in care workers, which is argued to be a product of personal distress. Thus, interventions should aim at enhancing empathy in care workers working for vulnerable populations to ensure optimal client-carer relationships. Objectives: The current study investigates the effectiveness of the serious game "The world of EMPA" in enhancing empathy in care workers for people with disabilities, and tests the effect of personal distress on empathy change post intervention. Methods: We conducted a superiority parallel randomized controlled trial (RCT) and tested 224 participants in two conditions: the experimental group (n = 111) played a serious game and the control group (n = 113)

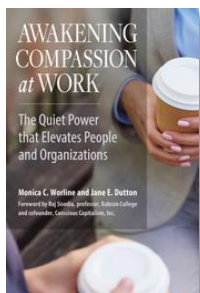


read a digital information package about disabilities. Participants were assessed on empathy and personal distress prior to and after the intervention. Results: Main results showed that the serious game did not significantly enhance empathy in care workers, whereas reading a digital information package yield a significant decrease in empathy. Exploratory analysis showed that the serious game decreased significantly personal distress in care-workers. Conclusions: This study showed that while the serious game "The world of EMPA" did not enhance empathy, it resulted in a decrease in personal distress in care workers for people with disabilities. Further evidence should corroborate these findings to unveil the mechanisms of this intervention and the long-term effects on personal distress.

Ter, B. H., van, B. M., & Adriaansen, M. (2018). **Nursing student as patient: Experiential learning in a hospital simulation to improve empathy of nursing students.** *Scandinavian Journal of Caring Sciences* 32(4), 1390-1397.



Résumé : Background Empathy is an important factor in the relation nurse-patient. To develop empathy in bachelor nursing students is a challenge in nursing education. There are several small experiential learning methods that develop empathy in nursing students, although not in a hospital simulation. By experiencing the role of a patient, nursing students would learn important aspects of empathy. Aim This research will explore what nursing students learn about empathy in the relation nurse-patient, while they lie in bed as a patient seeing the nurse from another perspective. Methodological design Qualitative descriptive study on 75 reflections of bachelor nursing students. Results Students experienced the need for empathy and were confronted with the patient's experiential world, being dependent, enduring hospital life and needing attention from the nurse. Conclusion The change in perspective in the hospital simulation gives nursing students valuable insights in the importance of empathy in the relation patient-nurse. Four themes were identified: endurance, silent scream for attention, scary dependency and confrontation with the role of patient. Students learned about the possibilities and difficulties of empathy in different stages of the simulation. A hospital simulation is a useful and practical method to teach students empathy from the patients' perspective, on condition that there is a solid preparation for experiential learning.



Worline, M. & Dutton, J. (2017). **Awakening compassion at work : The quiet power that elevates people and organizations.** Oakland, CA : Berrett-Koehler Publishers.

Résumé: Suffering in the workplace can rob our colleagues and coworkers of humanity, dignity, and motivation and is an unrecognized and costly drain on organizational potential. Marshaling evidence from two decades of field research, scholars and consultants Monica Worline and Jane Dutton show that alleviating such suffering confers measurable competitive advantages in areas like innovation, collaboration, service quality, and talent attraction and retention. They outline four steps for meeting suffering with compassion and show how to build a capacity for compassion into the structures and practices of an organization—because ultimately, as they write, “Compassion is an irreplaceable dimension of excellence for any organization that wants to make the most of its human capabilities.”

Empowerment



(2018). **Le pouvoir d'agir « empowerment » des patients questionne l'éducation thérapeutique et ses acteurs : réflexion autour de quatre populations vulnérables, les enfants vivant avec une maladie chronique, les adolescents malades chroniques dans la période de transition des soins, les personnes ayant un problème de santé mentale et les personnes âgées de plus de 75 ans.**

Résumé : Ce rapport présente les résultats d'un séminaire de recherche-action portant sur le thème de l'empowerment des patients. Visant en particulier les populations vulnérables que sont les personnes âgées, celles avec des troubles psychiques et les enfants, on y trouve des pistes de réflexion pour améliorer l'éducation thérapeutique.



Cené, C. W., Johnson, B. H., Wells, N., Baker, B., Davis, R., & Turchi, R. (2016). **A narrative review of patient and family engagement: The “foundation” of the medical “home”**. *Medical Care*, 54(7), 697-705.



Résumé : Background: Patient and family engagement (PFE) is vital to the spirit of the medical home. This article reflects the efforts of an expert consensus panel, the Patient and Family Engagement Workgroup, as part of the Society of General Internal Medicine's 2013 Research Conference. Objective: To review extant literature on PFE in pediatric and adult medicine and quality improvement, highlight emerging best practices and models, suggest questions for future research, and provide references to tools and resources to facilitate implementation of PFE strategies. Methods: We conducted a narrative review of relevant articles published from 2000 to 2015. Additional information was retrieved from personal contact with experts and recommended sources from workgroup members. Results: Despite the theoretical importance of PFE and policy recommendations that PFE occurs at all levels across the health care system, evidence of effectiveness is limited, particularly for quality improvement. There is some evidence that PFE is effective, mostly related to engagement in the care of individual patients, but the evidence is mixed and few studies have assessed the effect of PFE on health outcomes. Measurement issues and the lack of a single comprehensive conceptual model pose challenges to progress in this field. Recommendations for future research and a list of practical tools and resources to facilitate PFE are provided. Conclusions: Although PFE appeals to patients, families, providers, and policy-makers, research is needed to assess outcomes beyond satisfaction, address implementation barriers, and support engagement in practice redesign and quality improvement. Partnering with patients and families has great potential to support high-quality health care and optimize outcomes.

Expérience du patient/client

National Institute for Health and Care Excellence (2014). **Measuring NICE Quality Standards through patient experience**. Repéré à : <https://www.nice.org.uk/sharedlearning/measuring-nice-quality-standards-through-patient-experience>

NICE

Résumé : Mersey Care has used NICE Quality Standards to measure the quality of service received from the patient perspective, these standards have enabled the measurement of quality based on the key elements of effective, safe and efficient care. There are many ways to gather the views and opinions but the patient experience surveys that the Trust has developed underpin this and give a Trust wide perspective. The survey questions were written in consultation with service users and carers and this enables the trust to measure compliance against these standards from the patient perspective and evaluating the impact of NICE standards. By asking the questions it raises the awareness with service users of what and how services should be provided. The key outcomes of this initiative are delivering a system to collect views and opinions of service users and carers with robust systems that are embedded in the processes of the organization ensuring it is sustainable with minimal resource implications.

National Institute for Health and Care Excellence (2012). **Patient experience in adult NHS services : Improving the experience of care for people using adult NHS services : Clinical guidelines [CG138]**. Repéré à <https://www.nice.org.uk/guidance/cg138>

NICE

Résumé : Evidence-based recommendations on improving the experience of care for people using adult NHS services. This guideline includes recommendations on:

- knowing the patient as an individual
- essential requirements of care
- tailoring healthcare services for each patient
- continuity of care and relationships
- enabling patients to actively participate in their care, including communication, information and shared decision-making

Who is it for?

- Healthcare professionals
- Non-clinical staff who come into contact with patients (for example, receptionists, clerical staff and domestic staff)
- People using adult NHS services and their families and carers



NICE

National Institute for Health and Care Excellence (2012). **Patient experience in adult NHS services : Quality Standard [QS15]**. Repéré à <https://www.nice.org.uk/guidance/qs15>

Résumé : Evidence-based statements to deliver quality improvements in patient experience in adult NHS services.

NICE

National Institute for Health and Care Excellence (2018). **People's experience in adult social care services: Improving the experience of care and support for people using adult social care services : NICE guideline [NG86]**. Repéré à : <https://www.nice.org.uk/guidance/ng86>

Résumé : This guideline covers the care and support of adults receiving social care in their own homes, residential care and community settings. It aims to help people understand what care they can expect and to improve their experience by supporting them to make decisions about their care.

NICE

National Institute for Health and Care Excellence (2011). **Service user experience in adult mental health: Improving the experience of care for people using adult NHS mental health services : Clinical guideline [CG136]**. Reréré à <https://www.nice.org.uk/guidance/cg136>

Résumé : This guideline covers the components of a good experience of service use. It aims to make sure that all adults using NHS mental health services have the best possible experience of care.

Formation du personnel

Graber, D. R., Mitcham, M. D., Coker-Bolt, P., Annan-Coultas, D., Wise, H. H., Jacques, P., & Edlund, B. (2012). **The caring professionals program: Educational approaches that integrate caring attitudes and empathic behaviors into health professions education**. *Journal of Allied Health*, 41 (2), 90-96.



Résumé : Caring attitudes and empathic behaviors are considered by most Americans to be an essential and intrinsic element of appropriate health care, yet little attention is given to this in the curricula of most healthcare professional training programs. This paper describes an ongoing educational intervention to develop healthcare professionals with caring attitudes and empathic behaviors that will be sustained in their professional practice environments. The Caring Professionals Program was designed to enhance and redesign existing learning experiences in four academic programs: physical therapy, occupational therapy, physician assistant, and nurse practitioner. Students entering in the summer of 2009 were engaged in the initial program and study. Six educational elements were employed in the Caring Professionals Program: experience, reflection, problem-solving, didactic, active participation, and role modeling. Educational interventions were designed to be appropriate to the students' temporal progress through their programs, specifically the early, middle or late stages. The Caring Professionals Program may serve as a model for other allied health schools and also contribute to a college culture that supports caring and humanism.

Humanisation



Farhat, M. (2017). **Le travail du care : entre engagement et distanciation. La relation entre professionnels et résidents au sein des unités Alzheimer** (Thèse de doctorat, PSL Research University). Repéré à : <https://tel.archives-ouvertes.fr/tel-01824057/document>

Résumé : Depuis le début des années 2000 se développe une littérature enjoignant les professionnels au contact des malades d'Alzheimer à "personnaliser" leur prise en charge. Derrière ce terme se cache en réalité une véritable injonction à l'humanisation dans le cadre d'une relation où cette dimension semble faire défaut.



Sueiras, P., Romano-Betech, V., Vergil-Salgado, A., de Hoyos, A., Quintana-Vargas, S., Ruddick, W., Castro-Santana, A... 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. <https://doi.org/10.1371/journal.pone.0181514>.



Résumé : Background Recent scientific developments, along with growing awareness of cultural and social diversity, have led to a continuously growing range of available treatment options; however, such developments occasionally lead to an undesirable imbalance between science, technology and humanism in clinical practice. This study explores the understanding and practice of values and value clusters in real-life clinical settings, as well as their role in the humanization of medicine and its institutions. The research focuses on the values of clinical practice as a means of finding ways to enhance the pairing of Evidence-Based Medicine (EBM) with Values-based Medicine (VBM) in daily practice. Methods and findings The views and representations of clinical practice in 15 pre-CME and 15 post-CME interviews were obtained from a random sampling of active healthcare professionals. These views were then identified and qualitatively analyzed using a three-step hermeneutical approach. A clinical values space was identified in which ethical and epistemic values emerge, grow and develop within the biomedical, ethical, and socio-economic dimensions of everyday health care. Three main values—as well as the dynamic clusters and networks that they tend to form—were recognized: healthcare personnel-patient relationships, empathy, and respect. An examination of the interviews suggested that an adequate conceptualization of values leads to the formation of a wider axiological system. The role of clinician-as-consociate emerged as an ideal for achieving medical excellence. Conclusions By showing the intricate clusters and networks into which values are interwoven, our analysis suggests methods for fine-tuning educational interventions so they can lead to demonstrable changes in attitudes and practices.

Lignes directrices

Association des infirmières et infirmiers autorisés de l'Ontario. (2002). **Ligne directrice sur les pratiques exemplaires en soins infirmiers : soins axés sur les besoins du client.** Toronto : Association des infirmières et infirmiers autorisés de l'Ontario. Repéré à https://rnao.ca/sites/rnao-ca/files/Soins_axes_sur_les_besoins_du_client.pdf



Résumé : Les lignes directrices sur les pratiques exemplaires comprennent des déclarations élaborées de façon méthodique pour aider les praticiens et les clients à prendre des décisions concernant les soins de santé adéquats. Cette Ligne directrice vise à élaborer et à faire adopter une pratique exemplaire axée sur les besoins du client dans tous les secteurs de la santé, permettre au client de s'habiliter, le satisfaire davantage, améliorer les soins ainsi que la qualité du travail. Cette Ligne directrice porte principalement sur l'expérience du client selon sa perspective, la réduction de la vulnérabilité et l'optimisation du contrôle et du respect. Elle cerne les pratiques qui facilitent l'obtention de résultats axés sur les besoins du client. Les recommandations de cette Ligne directrice sur les pratiques exemplaires comprennent des recommandations relatives à la pratique professionnelle, notamment les valeurs, les croyances et les principaux développements; des recommandations relatives à la formation afin de fournir les compétences dont les infirmières ont besoin; et des recommandations relatives à l'établissement et aux règlements, qui soulignent l'importance d'un milieu de pratique professionnelle qui soutient ces recommandations permettant d'assurer des soins infirmiers de qualité supérieure, ce qui entraîne l'évaluation constante de la mise en place de la Ligne directrice. (c.f. p.10)



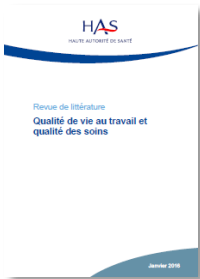
Préférences des patients

Bastemeijer, C. M., Voogt, L., van, E. J. P., & Hazelzet, J. A. (2017). **What do patient values and preferences mean? A taxonomy based on a systematic review of qualitative papers.** *Patient Education and Counseling*, 100(5), 871-881.



Résumé : OBJECTIVE: In order to deliver good healthcare quality, it should explicitly be taken into account what patients value in healthcare. This study reviews qualitative studies in which patients express what they value. Based on this body of literature a preliminary taxonomy is designed. METHODS: A systematic review of qualitative papers on what patients' value. RESULTS: 22 studies out of a total of 3259 met the inclusion criteria. After critical appraisal, data extraction was carried out by two researchers independently and revealed values related to 1) the individual patient; 2) the expected behavior of professionals and 3) the interaction between patients and professionals. Seven key elements were recognized on the bases of content analysis; 1) uniqueness, 2) autonomy, 3) compassion, 4) professionalism, 5) responsiveness, 6) partnership and 7) empowerment. CONCLUSION: This study gives a rich insight into what patients value in various contexts and provides a promising taxonomy in line with patient centered based theories. The taxonomy needs further empirical research for a deeper insight and clarification in its elements. PRACTICE IMPLICATIONS: This review and preliminary taxonomy contribute to the conceptualization of patient values as a bases for guidelines, policy and daily practice.

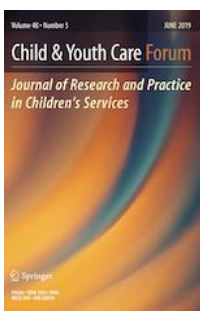
Qualité des soins



Kornig, C., Levet, P. et Ghadi, V. (2016). **Qualité de vie au travail et qualité des soins : revue de littérature.** Saint-Denis-La Plaine, France : Haute Autorité de Santé. Repéré à : https://www.has-sante.fr/portail/upload/docs/application/pdf/2016-02/revue_de_litterature_qualite_de_vie_au_travail.pdf

Relations client-intervenant

Harder, A. T., Knorth, E. J., & Kalverboer, M. E. (2012). **Securing the downside up: Client and care factors associated with outcomes of secure residential youth care.** *Child & Youth Care Forum : Journal of Research and Practice in Children's Services*, 41(3), 259-276.



Résumé : Background: Although secure residential care has the potential of reducing young people's behavioral problems, it is often difficult to achieve positive outcomes. Research suggests that there are several common success factors of treatment, of which the client's motivation for treatment and the quality of the therapeutic relationship between clients and therapists might be especially relevant and important in the context of secure residential care. Objective: The objective of the present study was to explore the association of these potential success factors with secure residential care outcomes. Methods: A repeated measures research design was applied in the study, including a group of adolescents in a secure residential care center that was followed up on three measurements in time. Interviews and questionnaires concerning care outcomes in terms of adolescents' behavior change during care were administered to 22 adolescents and 27 group care workers. Outcomes in terms of adolescents' treatment satisfaction were assessed by the use of questionnaires, which were completed by 51 adolescents. Results: Adolescents reported some positive changes in their treatment motivation, but those who were more likely to be motivated at admission were also more likely to deteriorate in treatment motivation from admission to departure. Treatment satisfaction was associated with better treatment motivation at admission and with a positive adolescent-group care worker relationship. Conclusions: The results suggest that outcomes can be improved by a more explicit treatment focus on improving the adolescent's treatment motivation and the quality of the adolescent-care worker relationship during secure residential care.



Proulx, Isabelle (2013). **Définitions, conditions et défis de l'alliance parent-intervenant en contexte d'aide contrainte : points de vue des parents et des professionnels en centre jeunesse** (Mémoire de maîtrise, Université de Sherbrooke). Répéré à : <https://savoirs.usherbrooke.ca/handle/11143/6672>



Résumé : La présente étude expose la manière dont les parents et les professionnels définissent le type de relation d'aide à privilégier dans le contexte particulier de la protection de la jeunesse. De nature qualitative, l'étude analyse une partie des données recueillies auprès de vingt parents concernés par l'intervention, vingt intervenants sociaux et dix membres du personnel encadrant dans le cadre d'une vaste recherche portant sur l'analyse des rapports de pouvoir au sein des pratiques axées sur l'empowerment des parents dont les enfants reçoivent des services d'un centre jeunesse pour motif de négligence (Lemay, Proulx et Charest, 2012). L'étude permet d'éclaircir les définitions, les défis et les conditions d'une alliance parent-intervenant en contexte d'aide contrainte. En outre, les résultats montrent que l'établissement d'une relation d'alliance ouvre la voie au sentiment d'égalité du parent. Ainsi, l'étude met en évidence le besoin de clarifier la notion d'égalité au sein du rapport d'aide afin d'échapper à une vision dichotomique et improductive de l'égalité. Il importe en effet de voir l'égalité comme un processus relationnel reposant sur la subjectivité des acteurs et non seulement comme un état de fait, fondé sur l'asymétrie structurelle et la distance sociale entre ces derniers. Les résultats de cette recherche bonifient les connaissances actuelles sur les conditions de réussite de l'intervention destinée à contrer la négligence des enfants suivis en centre jeunesse.

Relations employé-famille

Nguyen, M., Pachana, N. A., Beattie, E., Fielding, E., & Ramis, M.-A. (2015). **Effectiveness of interventions to improve family-staff relationships in the care of people with dementia in residential aged care: a systematic review protocol.** *Jbi Database of Systematic Reviews and Implementation Reports*, 13(11), 52-63.

Résumé : REVIEW QUESTION/OBJECTIVE: The objective of this review is to identify and appraise existing evidence regarding the effectiveness of interventions designed to enhance staff-family relationships for people with dementia living in residential aged care facilities. More specifically, the objectives are to identify the effectiveness of constructive communication, cooperation programs, and practices or strategies to enhance family-staff relationships. The effectiveness of these interventions will be measured by comparing the intervention to no intervention, comparing one intervention with another, or comparing pre- and post-interventions. Specifically the review question is: What are the most effective interventions for improving communication and cooperation to enhance family-staff relationships in residential aged care facilities?

BACKGROUND: In our aging world, dementia is prevalent and is a serious health concern affecting approximately 35.6 million people worldwide. This figure is expected to increase two-fold by 2030 and three-fold by 2050. Although younger-onset dementia is increasingly recognized, dementia is most commonly a disease that affects the elderly. Among those aged 65 to 85, the prevalence of dementia increases exponentially, and doubles with every five-year increase in age. Dementia is defined as a syndrome, commonly chronic or progressive in nature, and caused by a range of brain disorders that affect memory, thinking and the ability to perform activities of daily living. While the rate of progression and manifestation of decline differs, all cases of dementia share a similar trajectory of decline. The progressive decline in cognitive functions and ultimately physical function that these people face affects not only the person with the disease but also their family caregivers and health care staff. The manifestation of dementia presents unique and extreme challenges for the family caregiver. Generally it causes great physical, emotional and social strain because the caregiving process is long in duration, unfamiliar, unpredictable and ambiguous. In the later stages of dementia, many family caregivers relocate their relative to a residential aged care facility, most often when the burden of care outweighs the means of the caregiver. This is especially likely when the person with dementia ages, and has lower cognitive function increased limitations in activities in daily living and poorer self-related health. As a result, approximately 50% of all persons aged 65 years or over admitted into residential aged care facilities have dementia. The relocation of a relative into a residential aged care facility can be complex and distressing for family caregivers. While relocation alleviates many issues for the family caregiver, it does not consequently reduce their stress. The stress experienced by the family caregivers who remain involved post-relocation often continues and may even worsen. This is because family caregivers are uncertain about how to transition from a direct caregiving role to a more indirect, supportive interpersonal role, and may be provided with little support from care staff in this regard. Although family caregivers experience a new form of stress post-relocation, family involvement in residential aged care settings has been shown to be beneficial to residents with dementia, their families and care staff. Family involvement is widely acknowledged to provide the resident physical and emotional healing, optimal well-being, and the sustainment of quality of life. Family caregivers benefit from improved satisfaction with the facility and



experiences of care, and greater well-being. Care staff benefit from enhanced job satisfaction and greater motivation to remain in their job. The key to these positive outcomes is effective communication and strong relationships between care staff and family caregivers. Effective communication between care staff and family caregivers is crucial for residents with dementia. This is because residents with cognitive impairment may have difficulties articulating their needs, concerns and preferences effectively. Family caregivers rely on staff for information about their relative's behavior in the residential aged care facility; however they themselves have in-depth information about the resident's physical, psychosocial and emotional histories that are necessary for developing individualized care support plans. Family involvement can support care staff in reducing residents' behavioral symptoms by assisting to identify social and emotional needs, or unmet medical needs. Ineffective communication from family caregivers in conveying information to care staff may be disruptive in the caregiving process, and may lead to disagreement regarding respective roles and approaches to caring for the resident. Consequently, family caregivers may withhold information that may support care staff and improve care. They may also be concerned about negative repercussions for the resident. Care staff and family caregivers generally have differing needs and expectations. Care staff are usually in the position where they have to manage a relationship with the family, which is based on multiple roles. Perceptions of family caregivers by care staff include seeing them as colleagues, subordinates, or people who themselves may be in need of nursing care. These different perceptions lead to role ambiguity and result in separate approaches to the caregiving process. Cohen et al. suggest in their study that family involvement can benefit people with dementia in residential aged care settings, their family carers and staff; however further research is required. The relationship between care staff and family caregivers is often challenging due to problems with communication, role ambiguity of both care staff and family carers, and differing approaches to caring for the resident. These problems highlight the need for interventions to constructively enhance the quality of family-staff relationships. For example, one intervention called Partners and Caregiving has been reported as being designed to increase cooperation and effective communication between staff and family. In this study, staff and family members were randomly subjected to treatment and control conditions. The treatment group received parallel training sessions on communication and conflict resolution techniques, followed by a joint meeting with the facility administrators. The results of the study demonstrated improved outcomes in the form of improved attitudes of staff and family members towards each other, less conflict between family and staff, and fewer intentions of staff to quit. Further research is vital in order to identify effective family-staff intervention studies that can provide directions for implementation in residential aged care facilities. Furthermore, it is equally important to identify interventions that are ineffective, so as to provide insights into potential pitfalls to avoid in order to improve staff and family members' relationships and the provision of care to people living with dementia in the future. Previous systematic reviews have focused on factors associated with constructive family-staff relationships in caring for older adults in the institutional setting and the family's involvement in decision making for people with dementia in residential aged care facilities. This review will however specifically investigate interventions for improving communication and cooperation that promote effective family-staff relationships when caring for people with dementia living in residential aged care facilities.

Relations soignant-soigné

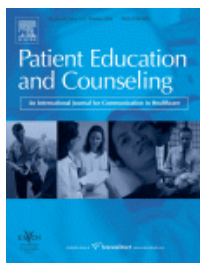
Arthur, A., Clark, A., Maben, J., Nicholson, C., Aldus, C., Wharrad, H., Barton, G., ... Sarre, S. (2015). **Can Healthcare Assistant Training (CHAT) improve the relational care of older people? Study protocol for a pilot cluster randomised controlled trial.** *Trials*, 16(1), 1-9.

Résumé : Background: People aged 75 years and over account for 1 in 4 of all hospital admissions. There has been increasing recognition of problems in the care of older people, particularly in hospitals. Evidence suggests that older people judge the care they receive in terms of kindness, empathy, compassion, respectful communication and being seen as a person not just a patient. These are aspects of care to which we refer when we use the term 'relational care'. Healthcare assistants deliver an increasing proportion of direct care to older people, yet their training needs are often overlooked. Methods/Design: This study will determine the acceptability and feasibility of a cluster randomised controlled trial of 'Older People's Shoes' a 2-day training intervention for healthcare assistants caring for older people in hospital. Within this pilot, 2-arm, parallel, cluster randomised controlled trial, healthcare assistants within acute hospital wards are randomised to either the 2-day training intervention or training as usual. Registered nurses deliver 'Older People's Shoes' over 2 days, approximately 1 week apart. It contains three components: experiential learning about ageing, exploration of older people's stories, and customer care. Outcomes will be measured at the level of patient (experience of emotional care and quality of life during their hospital stay), healthcare assistant (empathy and attitudes towards older people), and ward (quality of staff/patient interaction). Semi-structured interviews of a purposive sample of healthcare assistants receiving the intervention, and all trainers delivering the intervention, will be undertaken to gain insights into the experiences of both the intervention and the trial, and its perceived impact on practice. Discussion: Few training interventions for care staff have been rigorously



tested using randomised designs. This study will establish the viability of a definitive cluster randomised controlled trial of a new training intervention to improve the relational care provided by healthcare assistants working with older people in hospital. Trial registration: The study was registered as an International Standard Randomised Controlled Trial (ISRCTN10385799) on 29 December 2014.

Edwards, N., Peterson, W. E., & Davies, B. L. (2006). **Evaluation of a multiple component intervention to support the implementation of a 'Therapeutic Relationships' best practice guideline on nurses' communication skills.** *Patient Education and Counseling*, 63(1-2), 3-11.



Résumé : OBJECTIVE: To determine if there was an improvement in nurses' communication skills 5 months after a multiple component intervention to implement the Registered Nurses' Association of Ontario best practice guideline 'Establishing Therapeutic Relationships'. METHODS: A matched pair, before and after design was used. Eight client scenarios with corresponding client comments were read aloud to nurses who were asked to respond verbally, as though they were interacting with the client. Responses were audio-taped and transcribed. The frequency and quality of nurses' active listening, initiating and assertiveness skills were measured pre- and post-implementation of the guideline. RESULTS: Twenty-two nurses responded at both time points. Active listening skills were most frequently used. There was a statistically significant decrease in the number of active listening skills used, but a statistically significant improvement in the quality of active listening and initiating statements and frequency of initiating skills. CONCLUSION: Nurses demonstrated improvements in selected communication skills following the implementation of a multiple component intervention that included a best practice guideline. PRACTICE IMPLICATIONS: A combination of strategies that support the implementation of a best practice guideline is described. Results indicate some improvement in communication skills that are essential to the establishment of therapeutic nurse-client relationships.



Hagman, J., Oman, K., Kleiner, C., Johnson, E., & Nordhagen, J. (2013). **Lessons learned from the implementation of a Bedside Handoff Model.** *Jona: the Journal of Nursing Administration*, 43(6), 315-317.

Résumé : At the University of Colorado Hospital, nurse-to-nurse shift reports traditionally occurred in a conference room setting and consisted of nurse-to-nurse verbal communication. Evidence supports moving this information exchange to the patient bedside. This model of report improves clinical effectiveness, patient safety, nurse efficiency, and staff satisfaction. Bedside reporting empowers patients and families to ask questions and contribute to their plan of care and increases patient satisfaction. This article describes the process of implementing and evaluating a model of nurse-to-nurse bedside handoff report.

Jeffs, L., Saragosa, M., Merkley, J., & Maione, M. (2016). **Engaging patients to meet their fundamental needs: Key to safe and quality care.** *Nursing Leadership*, 29(1), 59-66.

NURSING LEADERSHIP

Résumé : This paper highlights the relationship between the Fundamentals of Care Framework, patient safety and quality improvement by describing a more holistic view of patient engagement across the healthcare system. By creating reliable and resilient healthcare organizations that enhance nurses' capacity to engage in relational care and vigilance, healthcare agencies can effectively achieve safety and quality aims. Integral to this is the nurse-patient relationship, whereby nurses know patient preferences for care and recognize when patients are deteriorating to prevent harm within the context of care environments.

Satisfaction du patient

Ellis, G., Mant, J., Langhorne, P., Dennis, M., & Winner, S. (2010). **Stroke liaison workers for stroke patients and carers: An individual patient data meta-analysis.** *Cochrane Database of Systematic Reviews*, 5.



Résumé : Background : Many patients experience depression, social isolation and anxiety post stroke. These are associated with a poorer outcome. Ameliorating these problems may improve patient wellbeing. Objectives : To evaluate the impact of a healthcare worker or volunteer whose multi-dimensional roles have been grouped under the title 'stroke liaison worker'. Search methods : We searched the Cochrane Stroke Group Trials Register (searched February 2009), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 1, 2009), MEDLINE (1966 to 2009), EMBASE (1980 to 2009) and four other databases. We performed a cited reference search, searched conference proceedings and trials registers, checked reference lists and contacted authors and trial investigators. Selection criteria : Randomised controlled trials investigating the impact of a stroke liaison worker versus usual care. Data collection and analysis : We invited trialists to participate in a review of individual patient data. Primary outcomes for patients were subjective health status and extended activities of daily living. Primary outcomes for carers



were subjective health status including measures of carer strain. Main results : We included 16 trials involving 4759 participants. Analysis did not show a significant overall difference for subjective health status (standardised mean difference (SMD) -0.03, 95% confidence interval (CI) -0.11 to 0.04, P = 0.34) or extended activities of daily living (SMD 0.04, 95% CI -0.03 to 0.11, P = 0.22). There was no overall significant effect for the outcome of carer subjective health status (SMD 0.04, 95% CI -0.05 to 0.14, P = 0.37). Patients with mild to moderate disability (Barthel 15 to 19) had a significant reduction in dependence (odds ratio (OR) 0.62, 95% CI 0.44 to 0.87, P = 0.006). This would equate to 10 fewer dependent patients (95% CI 17 fewer to 4 fewer) for every 100 patients seen by the stroke liaison worker. Similar results were seen for the outcome of death or dependence for the subgroup with Barthel 15 to 19 (OR 0.55, 95% CI 0.38 to 0.81, P = 0.002). This risk difference equates to 11 fewer dead or dependent patients (95% CI 17 fewer to 4 fewer) for every 100 patients seen by the stroke liaison worker. Authors' conclusions : There is no evidence for the effectiveness of this multifaceted intervention in improving outcomes for all groups of patients or carers. Patients with mild to moderate disability benefit from a reduction in death and disability. Patients and carers do report improved satisfaction with some aspects of service provision.

Note : Les résumés des documents repérés pour cette bibliographie sont tirés des sites des éditeurs.

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