Enablement and the Therapeutic Alliance:

An evaluation of the Consultation at the Glasgow Homoeopathic Hospital

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BACKGROUND

The consultation – that is, the encounter between doctor and patient - is the core activity of clinical medicine. As such, the consultation has rightly attracted a good deal of attention, particularly in the general practice setting, where the vast majority of doctor-patient encounters take place. However, much remains to be learnt about the consultation, and attention is increasingly being paid to patients' views [1-3]. A recent advance in research on the consultation has been the development of a new outcome measure by Howie and colleagues called the Patient Enablement Instrument (PEI). This measures domains of the consultation which are related to but distinct from patient satisfaction [3,4] and new work on its use in general practice shows the importance of time and continuity of care [5].

Within the hospital setting, the consultation is also the central activity of most specialties. For example, in medical outpatients the consultation has been shown to be the more important than examination and investigations in terms of accuracy of diagnoses and subsequent management [6]. Other work shows that the hospital consultation, like the general practice consultation, is a dynamic process that changes with time and continuity of care [7]. Thus studies on the consultation, and what factors influence its therapeutic potential, may be relevant and useful whether conducted in the primary or secondary care setting.

A recent phenomenon has been the spectacular rise in the demand for and use of complementary therapies within the developed world. Almost a third of the UK population have seen a complementary therapist, [8-10] and 74% of the British public think that complementary therapies should be available on the NHS [11]. Most patients use complementary therapies together with, or following, orthodox treatment [12], and the limited research which has been done (mainly on patients attending private therapists) suggests that the main reasons for using complementary therapies relate to a desire for holistic, patient-centred care [13-15]. Patient-centred care has also become a major focus in mainstream medicine and is being evaluated and promoted within general practice in particular [16].

Despite the popularity of and demand for complementary therapies on the NHS, there is a paucity of good research as highlighted by a Scottish Office report[17]. A recent survey of patients attending the Glasgow Homoeopathic Hospital (which sees only NHS patients), pointed to high levels of patient satisfaction with apparently good clinical outcomes in patients who had previously failed to benefit from orthodox treatments for a range of chronic diseases [18]. Patients highly valued the consultations with the doctors, as well as the multiplicity of approaches that the hospital uses in aiming to integrate complementary and orthodox care. Aside from the issue of whether homoeopathy represents a placebo effect or not [19-23], there is an opportunity to study this *system* of care to find out what contributes to a therapeutic encounter and why. Qualitative methods may be particularly well- suited to exploring these issues, given that their capacity to provide in depth insights and to address complexity, dynamic and context [24].

AIMS OF PRESENT STUDY

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The aims of the present study were as follows;

1. Carry out a questionnaire study to quantify health status and outcomes including the Patient Enablement Instrument[5] and an Empathy Scale (patient-based measure of doctors empathy), previously used in a psychiatric setting[25].

2. Carry out a qualitative study of patients' views on the approach to care adopted by the Glasgow Homoeopathic Hospital, with particular emphasis on the consultation

Methods

A) Quantitative study;

A questionnaire was devised which collected the following information;

1. Demographics and other information (age, sex, marital status, number of dependent children, language spoken at home, occupation, educational level, and income).

2. The major presenting complaint(s), duration, effect on everyday life (as measured by the Eoruqol5D[26]), and current and previous treatments (orthodox and complementary).

3. Attended the GHH before (if so, for how long, how many times seen, inpatient or outpatient, and overall effect on main complaint and well-being, assessed by the GHH Outcome Scale.[18]

4. Expectations about the effectiveness of the treatment offered by GHH before and after the consultation. Measured on a single item, ten point scale ("How confidant are you that the treatment offered by the GHH can alleviate your complaint(s)?" and "Having just seen the doctor, how confidant are you now that the treatment offered by the GHH can alleviate your complaint(s)")

5. Enablement score and patient's perception of the doctors empathy, assessed immediately after the consultation

Analysis was performed on SPSS. Mean results are presented with SEM, and associations between variables assessed by Spearman's correlation co-efficient. Stepwise multi-regression analysis was performed as indicated. Variables with high degree of skew or kurtosis (empathy and length of time attending) were transformed (log / power transformation) to give an acceptable level of skew (below 1). The variables entered were enablement, age, length of attendance, change in presenting complaint, change in well-being (GHHOS), expectation pre-consultation, knowing doctor well,

perceived empathy of doctor, expectation post-consultation, Euroqol Health State Today, length of consultation, doctor's confidence in therapeutic relationship, doctor's confidence in homoeopathic remedy, new homeopathic remedy started today.

B) Qualitative study

Semi-structured individual interviews were conducted with 14 patients attending the GHH. The interviews were audiotaped, and took place in a setting of the patients' own choosing (3 at GHH, 11 at patient's own home).

Interviews lasted 1-2 hours. Key areas of interest included expectations prior to attending the GHH, the aspects of the consultation that patients found to be beneficial (or otherwise), their perception of the doctor (generally, in terms of empathy, understanding, information etc), the physical environment, the length of the consultation, and how the consultation (and system of care) compared with their experiences of consultations at orthodox hospitals and general practice.

Taped interviews were transcribed verbatim, and analysis was continuous and iterative, broadly reflecting a grounded theory approach [27]. Thus the process of defining themes and coding the transcripts was continuous throughout the study.

Purposive sampling [24] was used to ensure that a wide range of different types of patients was included. The sample was drawn from the information on the questionnaire for each individual patient.

RESULTS

QESTIONAIRRES:

200 completed questionnaires (50 for each doctor) were obtained (patient response rate 87%). A breakdown of some of the descriptive data is shown below;

A. Descriptive Data:

1. New patients (NP) ; 13% (n=26) **Follow-ups (FU);** 87% (n=174)

2. Approximate number of attendance's (FU) as OP at GHH;

median = 5.0 (53%<5 attendance's; 70% attending for less than 3 years).

3. Approximate number of In-Patient episodes at GHH;

84% None
Of the 16% who had, 63% = 1 or 2 episodes.

4. Referred to GHH by; GP =80%, Specialist = 20%

At suggestion of patient; (55%), doctor (24%), or "joint-decision" (21%).

5. Presenting complaint; 60% chronic pain (arthritis, musculo-skeletal, back, migraine etc)

6. Duration of presenting complaint ; Mean duration 10 years

7. Other serious illnesses in past; 33% Yes

8. Treated for main complaint previously;

By Hospital Specialist (not GHH) = 58% as OP, 25% as IP

Summary statement; The survey (being cross-sectional) included much fewer new patients than follow-up patients. Most patients had been referred by their GP, at their own suggestion or as a joint decision. However one in five were tertiary referrals by other hospital specialists. Two-thirds of patients had previously been treated by hospital specialists in conventional care (one in four as an in-patient). A wide range of chronic diseases presented, the majority involving painful conditions (results not shown).

B. Demographics and other details:

1. Personal Details

Male 21% Female 79%
Mean Age 44 years (16-83)
Single 33%; Married 49%; Widowed 3%; Divorced 9%; Living together 6%

2.Educational status

Degree or equivalent = 40%
Higher Grade or equivalent = 28%
Standard grade or equivalent = 17%
None of above = 15%

3. Income level (Personal)

Above £30K = 15%
£20-30K = 19%
£10-20K = 28%
Less than £10K = 42%

4. Ethnicity

99% English first language spoken at home.

Summary statement; There were four times as many women than men in the sample. Educational status was generally high, but income appears to be fairly low (though the questionnaire did not specifically ask for household income). These findings are very similar to previous data gathered at GHH (Melani Blau, MSc thesis, University of Stirling)

C. Health Status:

The Euroquol E5 was used to gather information on the health status of the patients. This gathers information on quality of life in 5 domains, as well as a utility measure of current health status.

The Glasgow Homoeopathic Outcome Scale was also used to assess changes (in follow-up patients) in presenting complaint and general well-being since first attending GHH. These results are shown below;

1. Euroquol ; domains of health

Mobility; Some problems walking = 35%, confined to bed =1%

Self-care; Some problems washing/dressing = 19%, unable to wash/dress = 1%

Usual activities; Some problems performing usual activities = 53%, unable to = 7%

Pain/discomfort; Moderate pain or discomfort = 52%, severe = 20%

Anxiety/depression; Moderate anxiety or depression = 51%, extreme = 14%

2. Euroquol; overall current health state

Health State today (0-100) Mean = 63.6, median= 65.0

Compared with health over last 12 months, health state today is;

Better = 46%
Same = 33%
Worse = 21%

3. GHHOS; changes in main complaint and well-being since first attending GHH

Main complaint; 64% = +2 or better (enough to improve daily living)
General well-being; 66% = +2 or better (enough to improve daily living)

Summary statement; The Euroquol results indicate high levels of disability in patients attending GHH; over two-thirds of patients reported problems in performing usual activities, with a similar percentage suffering from pain, anxiety and depression. It is noteworthy that almost a half of the patients felt that their current health state was better than over the previous 12 months. This finding is supported by the GHHOS data in which 2 out of 3 patients reported significant improvements since first attending GHH.

D. Enablement

The overall mean enablement score was 4.7 (doctor one 3.4, doctor two 5.3, doctor three 5.1 and doctor four 4.9, $p<0.05$ doctor one versus rest, by ANOVA). New patients (n=26) had a mean enablement score of 4.2, versus 4.8 for follow-up patients (n=174), a difference which was not statistically significant.

As shown below, enablement was not directly related to length of consultation either for new patients (mean consultation length 56 min) or follow-up patients (mean consultation length 20 min) but was significantly correlated with patient expectation, the patient's perception of the empathy level of the doctor, and knowing the doctor well.

Correlates with Enablement:

	Spearman's Rank Correlation	Level of significance
Patient Expectation (Pre-consultation)	0. 371	p<0.001
Empathy of doctor	0.370	p<0.001
Knowing doctor well	0.258	p<0.001
Doctor's confidence in Therapeutic relationship	0.407	p<0.001
Length of consultation	0.036	NS

Enablement was also correlated with the doctor's confidence in the homoeopathic prescription given (0.222, p=0.05) No direct associations between enablement and any of the socio-economic factors recorded were found.

Multi-regression analysis with enablement as the dependant variable indicated that expectation pre-consultation (p<0.05), empathy (p<0.0.01) and doctor's confidence in therapeutic relationship (p<0.02) as the only significant predictors of enablement when the other variables were controlled for. In view of this, further stepwise multi-regressions analyses were carried out with each of these as the dependant variable, and the results are indicated below.

.E. Patient Expectation

Patient expectation (confidence that treatment would help) was associated with a number of parameters. Expectations for individual patients were significantly increased by the consultation overall.

Patient Expectation pre-consultation (Scale 0-10); Mean 7.5 (SEM 0.15)
Patient expectation post-consultation (Scale 0-10) ; Mean 8.1 (SEM) 0.13)

Paired difference = 0.56, paired t-test p< 0.01**

Individual patient’s expectations pre and post-consultation were highly correlated; 0.714, $p<0.001$***

New patients tended to have lower expectations pre-consultation that follow up patients, though this was not statistically significant;

New Patients (n=26); Mean 6.88 (SEM 0.41)
Follow-up patients (n= 174) Mean 7.51 (SEM 0.17)

Correlation’s with Expectation

Patient expectation pre-consultation; correlations with;

Empathy ; 0.327, $p<0.01$**

Continuity (know doc well); 0.317, $p<0.001$***

Doctor’s confidence in therapeutic relationship, 0. 208 $p<0.05$*

Improvement since first attending GHH;

GHHOS Main complaint; 0.305, $p<0.001$***
GHHOS General well-being; 0.339, $p<0.001$***

However, the stepwise **multi-regression analysis** revealed that the significant associations when other factors were controlled for were improvement in general well-being since first attending the GHH ($p<0.01$) and knowing the doctor well ($P<0.05$).

F. Patient’s Perception of Doctor’s Empathy

Empathy scores were high for all 4 doctors, and there were no significant differences between doctors. As shown above, enablement scores were positively correlated with empathy. Further examination of this correlation revealed that whereas a high empathy score was sometimes associated with a low enablement score, a low empathy score was never associated with a high enablement score.

Correlates with empathy;
In addition to enablement and expectation, empathy also correlated with;

Continuity (know doc well); 0.462, $p<0.001$***
Doctor’s confidence in therapeutic relationship; 0.341, $p<0.001$***
And improvement since first attendance;

GHHOS Main complaint; 0.351, p<0.01**
GHHOS General well-being; 0.376, p<0.001***

Multi-regression analysis showed empathy to be significantly associated with enablement score (as discussed above) and with knowing the doctor well (p<0.001).

G. Doctor's Confidence in Therapeutic Relationship (CITR)

As indicated above, this correlated with enablement, expectation, and empathy. Overall there were eleven significant correlations with CITR.
Stepwise **multi-regression analysis (** with CITR as the dependant variable) however, revealed significant independent associations with five factors; knowing the doctor well (p<0.01), enablement (p<0.02), doctor's confidence in homoeopathic prescription (P<0.05), length of time attending (negative effect, p<0.05), and improvement in general well-being since first attending (p<0.05)

H. Knowing the Doctor Well

94% of follow-up patients saw the same doctor as they usually saw at the GHH, and there was a significant correlation between knowing the doctor well , enablement , and expectations (for follow-up patients) as already discussed above. Knowing the doctor well was related to the length of time patients had been attending the GHH (correlation 0.362, p<0.001***). It was also related to improvement since first attending GHH;

GHHOS Main complaint; 0.336, p<0.001***
GHHOS General well-being; 0.302, p< 0. 001***

H. Comparison of GHH consultations with GP and other Hospital specialists:

Overall, almost 60% of patients rated the consultations at GHH as better (33%) or much better (26%) than their usual consultations with their GPs and over 80% rated GHH consultations as better (32%) or much better (52%) than consultations with other hospital specialists.

GHH consultation rated in comparison with other consultations;

	GHH consultation rated as;				
	Much Better	**Better**	**same**	**Worse**	**Much worse**
Compared with ;					
GP	**32%**	**33%**	**33%**	**2%**	**0%**
Other hospitals	**52%**	**26%**	**19%**	**2%**	**0%**

SUMMARY: ENABLEMENT AND THE THERAPEUTIC RELATIONSHIP

Enablement was generally high (compared with previously published work in primary care), and the multi-regression analysis revealed this to be mainly related to;

1. The patient's expectation (confidence in the treatment).
2. Feeling that the doctor was genuinely empathetic
3. The doctor's own confidence in the therapeutic relationship with the patient.

Expectation was related in turn, to knowing the doctor well, and improvement in general well-being since attending the GHH.

Empathy – that is, the patient's perception of the doctors empathy – was related to knowing the doctor well.

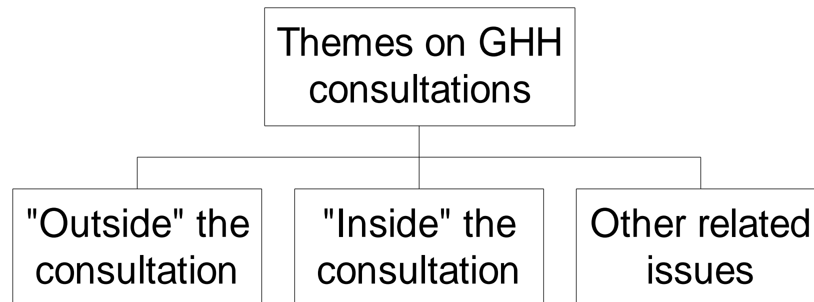
Doctor's confidence in therapeutic relationship was related to enablement, the patient knowing the doctor well, the doctor's confidence in the homoeopathic prescription, the change in well-being of the patient since first attending, and the length of time attending (negative effect).

QUALITATIVE STUDY RESULTS

Themes Emerging From The Qualitative Interview:

A wide range of issues and themes emerged from the interviews, and these have been categorised as themes relating to issues around ("outside") the consultation, themes and issues relating to factors within the doctor-patient encounter itself, and other related issues. In all some 98 categories and sub-categories were analysed.

Results: Qualitative Themes



A. Themes "outside the consultation:

These included patients expectations and belief systems, their views on complementary therapies and conventional care, and their views on the effect of the physical environment at the GHH. Some of these points are summarised in the boxes below;

"Outside" the consultation

- **Expectation was generally moderate rather than high before first attending the GHH, and often based on experiences of family and friends**
- **The fact that the GHH was part of the NHS was important to patients in terms of credibility and safety. For many, cost was also important.**
- **The importance of the physical environment was emphasized, as was the attitudes of the receptionists and other staff**

Themes “outside” the consultation

? **Expectation;**

? *“Well I’ve always had a kind of feeling towards homoeopathy because my Grandmother - my Granny brought me up - used it and she was quite well in herself and lived till she was 92, and she was well in her mind, and ‘all these pills, y’know, you’re better off with the homoeopathic’ - she used to always say that.”*

Those patients interviewed who had been attending the GHH for some time, felt that their expectation and confidence in treatment grew as they got to know the doctor, and as they began to feel some improvement in their condition and general well being.

Themes; continued

? **Environment**

? *“I was very impressed with the new building, layout, and how it was, how open it was..and of course, it was still early autumn and the doors were open and you had this feeling of space and light. I thought it was very good.*

Most patients spontaneously talked about the new hospital (without being prompted), and most felt that it had a significant influence on both themselves and on the staff. Only one patient interviewed

did not agree – feeling the new hospital was "too open-plan". This patient had been a long-term attendee at the old GHH which she felt had more character and was more intimate.

The importance of the perceived attitudes of the staff other than the doctors was also apparent. As mentioned above, many referred to the new hospital as having a positive effect on the attitudes of the staff. Reception staff seemed to be of particular importance – many patient's commented on the friendliness and helpfulness of the receptionists, often comparing this with more negative experiences of receptionists in general practice and other hospitals. However, a few patients felt that the reception staff at GHH were at times rather aloof. All felt that both the physical aspects of the setting and the attitudes of receptionists had an important impact on the consultation itself – by "setting you up" (in either a positive or negative way) for the meeting with the doctor.

B. Themes "Inside" The Consultations:

These very much related to the holistic approach taken at GHH, and focused around the following key issues;

Results:"Inside" the consultations

- **Patients valued the time available, the whole-person approach, and being treated as an individual**
- **They felt their "story" was listened to (often for the first time), and all their symptoms taken seriously**
- **They felt the doctors at GHH were compassionate and positive, often engendering hope**
- **Equality of relationship was a major theme, with a strong sense of mutual respect**

The importance of feeling "heard" – and having the whole history of the illness elicited and considered were recurring themes throughout all the interviews;

Qualitative themes; within consultations

? *Well, my own doctor listened for years and years, but I mean this doctor really listened. I felt for the first time someone really paid attention. And he says, 'now that you've told me your story'- because I'm so exact about how it happened - he says,' I'm sure we can help you.' [68 year old woman with m.e.]*

Qualitative themes (continued);

? *"It was amazing to me, that was the most amazing thing - that he asked about all of that history. Nobody has ever done that, and I just seem to have gone to hospitals over the years, and they've said 'yeah, you're bones, you're knee joints sort of joined together and we need to do another op', that sort of thing. No, but somehow, the way he asked questions and so on, it was like. Oh gosh, this guy knows what he's doing because he's looking at this, everything together…..that sort of gave me hope." [38 year old woman with arthritis]*

Qualitative themes

- “ I’m quite a good judge of character and I just felt he was open and honest, that he was….I trusted his….ethics. That was it - I thought he was ethical, that’s’ exactly what he was.”
- “Why was that?”
- “ I don’t know (laughs), I don’t know, em, I just got this sense of him really believing in what he was doing and really wanting to help people get well, and sort of….care for life, you know, compassion or something. There was a kind of open , nice compassion or something there….and just enthusiasm - he really seemed to like people”.

Equality of relationship and mutual respect were also key themes. Most of the patients interviewed referred to the doctor they say at GHH by their first name, often considering the relationship to be more like a friendship than a formal, traditional doctor-patient relationship. The patients interviewed who did not refer to the doctor on first name terms were those who were either the more elderly or those from a working class socio-economic background. However, even in these patients the theme of mutuality and equality of relationship – particularly with regard to decision making about treatment – was strongly represented.

C. Other themes emerging from the data:

Some of the other common themes that emerged from the qualitative study are shown in the boxes below;

Results : Other themes emerging

- **Many comparisons were made with conventional care ; patients often tried to explain the shortcomings of other services and treatments**
- **There was some ambiguity about the specific effects of the homoepathic remedies, but not of the consultations which were often seen as a treatment in themselves.**
- **All felt that the approach taken at GHH should be more widely available on the NHS (particularly in primary care) and should be part of medical school training.**

The views expressed throughout all the areas covered in the interviews were generally made by way of comparison of GHH with conventional care – both general practice and other hospital clinics. As a generalisation, there most less discontent about GP services than about hospital specialists. However, all patients interviewed went to some lengths to explain the apparent shortcomings of other services, suggesting for example that other places were "much busier" , "had less time", "had more patients to deal with" and so on. When asked how the GHH managed to provide such a service on the NHS, most felt it was to do with organisation and the fact it was a "smaller hospital". Some commented that the "price paid" was the long waiting list.

An interesting finding was a consistent ambiguity expressed by patients as to whether the improvements in their conditions and general well-being were due to the homoeopathy itself. That is, whether it was due to the remedies they had been given, or whether it was a result of the in-depth consultations. Whereas many were unsure about a specific effect of the pills, all felt that the consultations were very helpful. Indeed, even patients whose conditions had not improved, still felt that the consultations were worthwhile in terms of ongoing support.

DISCUSSION

The descriptive and demographic data outlined in this report on 200 consecutive out-patients attending 4 senior doctors at GHH accord with information gathered by previous audits and research projects carried out at the hospital. GHH patients clearly have chronic and complex conditions that have a major impact on their functioning and quality of life. The scores obtained using the Euroqol 5D confirm this, and are in line with comparable data from the Royal London Homoeopathic Hospital[28]. The score for the GHH patients for the EuroQol current health state

(Mean score 63.5) is substantially below the average for the general UK population generally (Mean score 80)[29], and are even slightly lower than the average scores for patients with rheumatoid or osteoarthritis.[30] Across the 5 dimensions of the EoroQol, GHH patients reported moderate problems at a rate 2 – 5 times higher than the general population, and extreme problems 5-10 times that of the general population.[29]

Enablement; a two way process

The mean enablement score of 4.7 in the present study is some 50% higher than average scores for patients attending GPs[5]. There is currently no comparable data on enablement from conventional secondary care settings. Given that GHH patients have chronic and often painful conditions that have generally failed to respond to conventional care, this seems a considerable achievement.

It is noteworthy that enablement was related to patient expectation of the treatment helping; this link has not previously been reported in the literature, though a recent review stressed the importance of maximising patient expectation in the health service generally[31]. From the accounts given in the qualitative interviews, it would seem that most patient's approach the first consultation "hopeful" or with an "open-mind" (based on what they've heard about the GHH from family and friends) rather than with a high degree of expectation but gain confidence in the treatment as the therapeutic relationship with the doctor develops and as they begin to feel some benefit. This was also borne out by the qualitative measurements and the result of the multi-regression analysis.

It is also noteworthy that patient enablement scores were correlated with the doctor's own confidence in the doctor-patient relationship.. This illustrates the two-way nature of the therapeutic alliance and hints at the complexity and sensitivity of the clinical encounter. This complexity was clearly demonstrated by the richness and depth of the accounts given by the patients interviewed on their relationship with the doctors. It would be of interest to extend this study to include the accounts of the doctors themselves.

The patient's perception of the doctor as being empathetic appears to be a key feature of therapeutic alliance[25]. In the present study, there was a positive relationship between empathy and enablement. The nature of this relationship suggests that empathy is a basic and necessary requirement of enabling consultations. This view is based on the multi-regression analysis, the qualitative accounts and on the observation that no patient recorded a high enablement score with a low empathy score (although some patients had low enablement scores with high empathy scores). Thus empathy itself may not be sufficient alone to promote enablement in all cases – but a lack of empathy appears to effectively block the possibility of enablement. Prospective studies in psychiatry and other settings have established the importance of the patient's perception of the doctor's empathy as being crucial to successful treatment outcomes[25]. The design of the present study does not allow for such assertions of causality. Nonetheless, both the quantitative and the qualitative findings suggest a major role for empathy in the therapeutic consultation.

Time to care

The lack of a direct association of enablement (and empathy) with length of consultation in the present study is an interesting finding, which differs from the situation in UK primary care[5] (where the average consultation lasts 8 minutes). Other work in primary care outside the USA (where somewhat longer consultations are routine) has shown that although patient satisfaction is

generally related to length of consultation, other factors such as feedback, discussion and explanation of findings become increasingly important as consultation length increases[32]. It may be that the consultations at GHH reflect something of a similar phenomenon, given the average consultation time of 20 minutes for follow-up patients and 56 minutes for new-patients. From the qualitative interviews it was clear that patients greatly value the time available at GHH, but it was the way the time was used that was important to patients. Being encouraged to recount their "stories", from the start of their illness, with a compassionate, non-judgmental, and positive approach from the doctor seemed to have had profound effects on many of the patients interviewed.

Comparisons with conventional care

Patients rated the consultations at GHH highly in comparison with conventional care. Two-thirds thought the consultations at GHH were better or much better than with their GP, and almost 80% thought they were better or much better than with other hospital specialists. It is clear from the qualitative accounts that there are numerous reasons for this. These relate to structural and organisational factors (the importance of the physical environment, the attitude of the reception staff, the "personal list" system which ensures that patients see the same doctor at each visit, the protected time for in-depth consultations) as well as to inter-personal aspects of the doctor-patient relationship (feeling listened to, feeling understood, feeling the doctors genuinely care, being treated as an equal and so on, as discussed above).

Summary

In summary, the present study reveals important insights into the nature of the therapeutic relationship in patients attending the GHH and establishes the importance of this relationship with regard to the benefit of individual consultations (enablement). Further work is required to delineate the causality of these relationships, and to establish their importance in terms of long-term health gain.

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