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Rapport: A key to treatment success

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Summary The therapeutic relationship is a concept often ignored in current literature. As such, the importance of good patient rapport may be overlooked. To address these concerns, the following paper highlights the effects that strong therapeutic relationships may have on patient satisfaction, treatment compliance and client outcomes. Strategies that practitioners can employ to facilitate the development of good patient rapport are also discussed.

Introduction

The first and most important objective of any client–practitioner interaction is the establishment of client rapport. Aside from facilitating communication between the practitioner and patient, good patient rapport may also improve client assessment and the achievement of expected treatment outcomes.[1] Nonetheless, development of the therapeutic relationship requires time and skill.[2] As the therapist's contribution to this alliance is often overlooked in the literature,[3] the purpose of this paper is to enlighten readers of the importance of establishing a strong therapeutic relationship with their clients, and to provide practitioners with useful strategies to improve client rapport in clinical practice. These skills may also facilitate a practitioner's ability to develop effective working relationships with other health care providers.[4] Firstly however, an exploration of the terms used to describe the therapeutic relationship will allow readers to understand the context in which this paper is situated.

Definitions

Many terms exist which describe the bond between a client and practitioner. The terms most frequently identified in the literature are therapeutic alliance, therapeutic relationship and patient rapport. By definition, a therapeutic alliance is a '…conscious and active collaboration between the patient and therapist'.[3] Similarly, a therapeutic relationship is 'a trusting connection and rapport established between therapist and client through collaboration, communication, therapist empathy and mutual understanding and respect'.[4] Likewise, patient rapport is defined as a 'harmonious relationship'.[5] As each of these terms incorporate similar underlying themes, including collaboration, reciprocality, parity and growth, these terms are considered interchangeable.

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Importance

There are many reasons why practitioners should be encouraged to develop strong therapeutic relationships with their clients. On the whole, building and maintaining patient rapport leads to positive client outcomes.[6-8] A recent survey exploring the views of 129 Connecticut Occupational Therapists on therapeutic relationships supports this claim.[4] Whilst descriptive surveys are not the most appropriate design for evaluating causal relationships, clinical evidence is beginning to mount that validates the association between good rapport and positive client outcomes.

To illustrate this, a cohort study involving 354 patients in a community-based non-profit drug treatment programme and 223 patients from a private for-profit programme, found lower levels of client rapport during counselling treatment resulted in poorer treatment outcomes, including greater cocaine use and criminality.[9] Likewise, studies of patients with non-chronic schizophrenia,[10] depression,[11] post-traumatic stress disorder[12] and alcoholism[13] demonstrate that good patient rapport can improve treatment outcomes.

Although these studies suggest that the development of a strong therapeutic relationship may benefit patients receiving psychotherapy, the effect of good client rapport on the outcomes of interventions in other health care fields is lacking. Further research is therefore needed to ascertain if changes in practitioner behaviour can ameliorate treatment success and reduce unnecessary demand on existing health and welfare services.

A reason why well-established therapeutic relationships may contribute to improved client outcomes may be explained by increased treatment compliance.[14] To support this claim, mothers attending a Los Angeles children's hospital reported greater treatment compliance when highly satisfied with a physician's attitude.[15] Similarly, peri-operative patients reporting a higher level of satisfaction with their care were more likely to take responsibility for their decisions.[16] Thus, client satisfaction appears to be a strong motivator of treatment compliance and as such, maybe fundamental to treatment success. In other words, good client rapport may be responsible for improving patient satisfaction and treatment compliance,[7] and ameliorating patient outcomes.

Even though the needs of patients are a priority in any consultation, there are also professional implications associated with building a therapeutic alliance. Firstly, strong therapeutic relationships between patients and clinicians may improve the public's perception of a practitioner group.[4] Secondly, by increasing client rapport and treatment compliance, the risk of litigation may be reduced.[6,15,17] Although this claim is speculative, Eastaugh [18] and Panting [19] both agree that improving client trust and communication, such as that developed through good rapport, results in fewer malpractice claims. Alternatively, because good patient rapport is critical to formulating adequate diagnoses,[15,20] practitioners may misdiagnose less frequently if therapeutic alliances are well established.

Because the practitioner is predominantly responsible for developing and maintaining client rapport,[21] the following section will highlight several useful strategies that clinicians can employ to strengthen therapeutic relations and improve client outcomes.

Application

The clinician's behaviour and communication style can have significant impact on the practitioner–client relationship. For instance, therapists who are warm, friendly ($P = 0.01$), affirming and understanding ($P = 0.05$), demonstrate a higher therapeutic alliance with their patients than those who do not manifest these abovementioned qualities.[22] These attributes may also increase client compliance[15] and improve treatment outcomes.[23] Another essential ingredient in the development of the therapeutic relationship is time.

Developing patient rapport within the first few minutes of a consultation builds client trust[24] and minimises defensive client attitudes by blurring the transition from 'small talk' to formal assessment.[15,25] Increasing constraints on practitioner time, such as escalating workloads, costs, organisational and political pressure, lessen the opportunity for practitioners to build a strong rapport with their clients.[4,26]

In support of the relationship between time and rapport, a study examining 623 tape-recorded sessions between medical practitioners and their patients found consultations that were booked for 10 minutes resulted in improved client education and more detailed patient assessment than appointments booked for 7.5 minutes.[27] Because time constraints can also have a negative impact on client outcomes,[4] adequate consultation time is therefore as important as effective communication skills. Thus, professions that can afford the luxury of providing consultations of unlimited duration may establish greater therapeutic relationships with their clients as opposed to practitioners constrained by time. For clinicians where time is scarce, strategies such as providing a quiet environment; actively listening; avoiding interruptions;

and displaying non-hurried actions[21] may portray to the client that the practitioner has time to listen, which may in turn facilitate greater disclosure of client concerns. Whilst these strategies may assist in developing rapport between practitioner and adult clients, children may require additional consideration.

In a study of 64 3.5-year-old children, the effects of practitioner–child interaction on the establishment of rapport were investigated.[28] Children left alone in a play room without their parent remained with a stranger longer when the stranger greeted the child quickly but interacted with the child for a greater period of time. Children who were approached gradually on the other had but only interacted with the individual for a brief period of time were also less likely to leave the playroom. Thus, unlike adults, too much time spent trying to establish rapport with a child may inversely effect the establishment of a therapeutic alliance.[28]

A collaborative consultation style is also essential to building a therapeutic relationship.[3,5,14] Such an approach may empower the individual to participate in their care and allow the client to grow.[5,29] Clinicians adopting a technical or parental role as opposed to a collaborative role may therefore compromise patient rapport, respect, compliance and treatment outcomes by invoking negative client attitudes.[26] Hence, a relationship where the practitioner takes control and which the client 'follows orders' is neither conducive to patient growth nor the development of good rapport. To facilitate collaboration, practitioners can take a client centred approach; develop mutually agreed goals with the patient;[30] and involve the client's family in the consultation.[4]

Practitioners should also ensure that the client's right to make decisions about the choice of treatment is retained and respected. Informed consent is therefore critical to establishing strong therapeutic relationships. Equally important is the need for effective communication.

Practitioners choosing to develop strong therapeutic alliances with their clients will need to possess skills that facilitate effective communication. Skills such as listening and responding are fundamental to the exchange of information, as is open questioning, reflecting, paraphrasing and summarising.[30] Effective communication and optimal patient–practitioner interaction also require the clinician to identify and respect differences in client gender, developmental stages, cognitive ability, values, beliefs, priorities, culture and social circumstance.[4,24] Other strategies that foster communication between clinician and client are listed in Table 1.[1–7,14,20,24,30,31,33,34] Of these strategies, client trust is paramount. It is through trust and respect that a practitioner can enhance communication and facilitate the development of the therapeutic relationship.[29,31] However, client trust is not a skill that can be acquired, but an attribute that must be developed. Nonetheless, practitioners who are clinically competent, consistent, honest and committed to the client[32] may accelerate the development of patient trust, and in turn, improve client communication, rapport and outcomes.

Awareness of the signs of increasing or worsening rapport may allow practitioners to better evaluate the strength of a therapeutic relationship. Signs of a growing therapeutic alliance may be manifested by an increased flow of conversation; the disclosure of sensitive information; relaxed body language; increased eye contact; and improvements in listening and responding. On the other hand, poor patient

Table 1 Practitioner strategies and behaviours that improve client trust, communication and rapport.

Maintain:	**Client comfort** **Confidentiality & trust** **Enthusiasm** **A collaborative relationship** **Interest in client concerns** **Objectivity** **Attentiveness** **Eye contact** **An open posture**
Avoid:	**Passing judgement** **Jargon and technical language** **An authoritarian demeanour** **Interruptions**
Be:	**Dependable** **Open minded** **Flexible** **Reassuring & supportive** **Confident** **Friendly** **Genuine** **Warm** **Sincere** **Honest** **Empowering** **Engaging and interactive** **Respectful of client wishes and needs** **Sensitive** **Empathetic** **Altruistic**
Use:	**Open-ended questions** **Rationales for procedures, treatments and decisions**

rapport may present as long periods of silence; sudden withdrawal of conversation;[33] lack of eye contact; brief responses, and defensive body language.

In cases where a therapeutic relationship fails to develop, the practitioner may need to critically reflect on their techniques, the environment and the client to isolate the factors that impede the growth of patient rapport. The practitioner may also choose to utilise the strategies listed in Table 1 to facilitate the development of strong therapeutic relationships.

Conclusion

The development of a strong therapeutic alliance and the subsequent production of positive client outcomes are dependent on effective communication skills, practitioner behaviour, collaboration, time and trust. Adopting the techniques identified in this paper may significantly improve patient health and wellbeing, and the efficiency of health care services. The therapeutic relationship therefore has widespread implications for the patient, practitioner, community and health care system. Even so, further research is needed to evaluate the impact that rapport has on the outcomes of medical, nursing, complementary and allied health interventions.

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