

A qualitative study of patient's views on the consultation at the Glasgow Homoeopathic Hospital, an NHS integrative complementary and orthodox medical care unit

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Abstract

We investigated consultations at the Glasgow Homoeopathic Hospital (GHH), by the use of in-depth, semi-structured interviews with a purposive sample of 14 patients. Interviews (lasting 1–2 h) were taped and transcribed verbatim. Analysis was based on a grounded theory approach. Two main categories of themes emerged: (1) those “outside” the consultation, related to expectations, initially formed from experiences of family and friends, but then strengthened by ongoing attendance at GHH; and (2) themes “inside” the consultation including length of consultations, the whole-person approach, being treated as an individual, and telling and having their “story” listened to in depth. Equality of relationship, mutual respect, and sharing decisions were also prominent themes. In conclusion, patients attending the GHH highly value the holistic approach, and view time, empathy, and the therapeutic relationship as being of key importance.

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1. Introduction

A recent phenomenon has been the rapid 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 [1] and 74% think that complementary therapies should be available on the NHS [2]. Most patients use complementary therapies together with, or following, orthodox treatment [3], and reasons for their use often appears to relate to a desire for holistic, patient-centred care [4,5]. Patient-centred care has also become a major focus in mainstream medicine and is being evaluated and promoted within general practice in particular [6]. However, much remains to be learnt and attention is increasingly being paid to patients views [7,8].

Studying how human factors impact on medical care is important, whether conducted in a primary or secondary care setting, or an orthodox or complementary one. However, despite the popularity of complementary medicine, there is a

paucity of high quality research and evaluation [9,10]. Recent surveys of patients attending the Glasgow Homoeopathic Hospital (GHH)—an integrated NHS complementary and orthodox care unit—have shown high levels of patient satisfaction with apparently good clinical outcomes across a range of chronic diseases [11–13]. Recent quantitative work on patient enablement in the consultation at the GHH has shown the importance of patient expectation, the patients perception of the doctors empathy, and the doctor's own perception of the therapeutic relationship [14]. In the present study we further investigated the consultations at GHH by the use of in-depth qualitative research on a sample of patients who had participated in the enablement study.

2. Methods

Semi-structured individual interviews were conducted with 14 patients purposively sampled [15] from 200 consecutive patients on the basis of their details in the questionnaires about patient enablement in the consultations at the GHH [14]; patients were primarily selected for interview on the basis of their enablement scores, ages, and

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Table 1

Details of GHH patients interviewed

Subject	Enablement score ^a	Age	Sex	Condition ^b	Duration of condition	Attending GHH for	Social class ^c
1	0	65	Female	Back pain	34 years	1.5 years	2
2	0	58	Female	Joint pain	30 years	6 years	3
3	1	42	Female	Sinusitis	20 years	2 years	2
4	2	37	Female	Epilepsy	6 years	First visit	3
5	2	52	Male	Psoriasis	18 years	5 years	5
6	4	42	Female	Menopause	4 years	4 years	3
7	6	39	Male	IBS	9 years	First visit	2
8	6	38	Female	RA	15 years	14 years	5
9	6	41	Female	Behcet's	20 years	8 months	4
10	6	27	Female	CFS	1 year	10 months	1
11	7	22	Female	NCCP	2 years	7 months	Student
12	8	52	Female	Cancer	6 months	4 months	3
13	12	68	Female	CFS	7 years	10 months	5
14	12	46	Female	OA	15 years	2 months	1

IBS: irritable bowel syndrome; RA: rheumatoid arthritis; CFS: chronic fatigue syndrome; NCCP: non-cardiac chest pain; OA: osteo-arthritis.

^a Enablement scores from the patient enablement index (PEI); range of possible scores = 0–12 (see Ref. [14]).^b Condition abbreviations.^c Social class (1–5) according to occupation (Registrar General Classification).

socio-economic circumstances (Table 1). In purposive sampling the aim is not necessarily to statistically ‘reproduce’ the characteristics of the total population, but rather to chose patients who may reveal important insights into the subject area [15]. Thus we included a higher percentage of patients of social classes 4 and 5 in the present sample (4/14 (29%)) than were present in the overall quantitative study (5%). However in other respects the balance of characteristics in the patients interviewed were generally similar to the 200 patients in the questionnaire study. Mean enablement score in the 14 patients was 5.1 compared with 4.7 for the 200 patients, mean age was 51 years (range 22–68) compared with 41 years (range 16–86), mean duration of illness was 11.7 years (range 0.5–34) compared with 10 years (range 0.2–60), and mean duration of attending the GHH was 2.5 years (range 0–14) compared with 4.4 years (range 0–24). None of these differences between the 14 patients sampled for interview and the 200 patients in the full study were statistically significant (results not shown). Proportionally fewer male patients were interviewed (2/14) than the overall male:female ratio (1:4) as it proved more difficult to recruit men for interviews within the time frame of the study. Type of condition was not a prime factor in selection for interview, but a range of conditions were included (Table 1). About 60% were conditions likely to cause physical pain, which is similar to the proportion overall at the GHH [14].

Interviews took place in a setting of the patients’ own choosing (2 at GHH, 11 at patient’s own home, and 1 at work) and lasted 1–2 h. Key areas of interest included: (1) knowledge and thoughts about the GHH prior to first attendance, and any changes since attending; (2) the aspects of the consultation that patients found to be beneficial (or otherwise); (3) their perception of the doctor and the system of care; (4) the physical environment; (5) the length of the consultation; and (6) how the GHH compared with their ex-

periences 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 [16]. The process of defining and refining themes and coding the transcripts was continuous throughout the study. In the present analysis we have not attempted to relate themes directly to our quantitative work on patient enablement [14] as this will form the basis of a further paper.

3. Results

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 (“inside the consultation”) and other related issues. In all some 98 categories and sub-categories were analysed.

3.1. 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. The key points are summarised in the Box 1 and examples are shown in Box 2.

Patient expectation was reported by most as being moderate rather than high before first attendance, growing over time as patient’s got to know the doctor and their general well-being improved. Most patients did have favourable opinions before first attending, often based on the experiences of family members or friends who had attended GHH themselves (see Box 4) but reported this more as “keeping an open mind” rather than having very high initial hopes. This

Box 1. “Outside” the consultation at the Glasgow Homoeopathic Hospital

- EXPECTATION was generally moderate rather than high before first attending the GHH, often based on experiences of family members and friends
- The fact that the GHH is PART OF THE NHS was important to patients in terms of cost, credibility, and safety
- The importance of the positive PHYSICAL ENVIRONMENT was emphasised, as was the attitude of receptionists and other staff

was often because they had a long history of conventional treatments (and often a number of complementary therapies privately elsewhere) without major benefit.

All the patients highly valued the fact that the GHH is a NHS facility. For many (but not all) this was related to cost (i.e. could not have afforded it privately) but some patients felt that it was their “right” to get this type of care on the NHS, and would not go private on principle. Most referred to feeling “safer” seeing a GHH doctor—because they were medically qualified as well as homoeopaths, and were “accountable” because they were part of the NHS.

Most patients felt that the physical environment had a significant influence on both themselves and on the staff. The importance of the perceived attitudes of staff other than the doctors was also apparent. Reception staff in particular were identified. Patients felt that both the physical aspects of the setting and the attitudes of receptionists had an important impact on them—by “setting the tone” (in either a positive or negative way) for the consultation.

Box 2. Examples of 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 until 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. (38 yr old woman with 15 year history of rheumatoid arthritis)

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. (52 yr old woman with breast cancer)

Box 3. Themes “inside” the consultation at the Glasgow Homoeopathic Hospital

- Patients valued the TIME available, being treated as an INDIVIDUAL, and the WHOLE PERSON APPROACH taken at the hospital
- They felt that their STORY WAS LISTENED TO, often for the first time, that their symptoms were given importance and taken seriously, and that the doctors understood
- They regarded the doctor’s at GHH as CARING and COMPASSIONATE With a POSITIVE attitude, often engendering hope
- EQUALITY OF RELATIONSHIP was a major theme, with a strong sense of negotiation of treatment plans and SHARED DECISION MAKING

3.2. Themes “inside” the consultation—empathy and the therapeutic relationship

These themes very much related to holism and empathy, and focused around the issues outlined in Box 3 (examples are shown in Box 4). The key themes that seem to be related to the beneficial effects of the consultation were:

- Patients felt at ease and able to talk and tell their “story”, i.e. to explain all their problems in their own words right from when they first started. It was noticeable how far back patients went in trying to make sense of their current illness, a process that seemed to be encouraged by the doctors at GHH.
- Patients felt “heard”—i.e. that the doctors really listened, paying close attention to detail and not dismissing any aspect of the history or current complaint.
- Patients felt treated as a “whole-person”, i.e. as an individual, and that how their illness affected all aspects of their life was fully explored.
- Patients felt the doctors were very caring, demonstrating compassion and sympathetic concern and seeming to understand how they felt.
- Patients felt things were explained and felt free to ask questions. A strong sense of equality in the relationship was apparent.
- Patients felt able to discuss treatments, and negotiate the plan of action; in other words there appeared to be a strong emphasis on shared decision making.

Most patients interviewed referred to the doctor they saw at GHH by their first name; the few patients who did not (who tended to be older and of lower socio-economic status than the others patients) still highly valued this sense of equality and involvement—particularly with regard to decision making about treatment.

Box 4. Examples of themes “inside” the consultation**Patient’s Stories**

Well my own doctor listened for years and years, but I mean this doctor really listened. I felt for the first time that 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 to me, ‘I’m sure we can help you.’ (68 yr old widow with seven year history of chronic fatigue syndrome)

Whole-Person Approach

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, your bones, your knee joints are 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, I thought ‘oh gosh, this guy knows what he’s doing because he’s looking at this, everything together.’ . . . that sort of gave me hope. (46 yr old woman with osteo-arthritis secondary to multiple-fractures and childhood problems with legs)

Compassion and Caring

. I’m quite a good judge of character and I jus felt he was open and honest and that he was [pause] . . . I trusted his ethics. That was it—I thought he was ethical.

Why was that? (interviewer)

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, compassion or something there, and just enthusiasm—he really seemed to like people. (46 yr old woman with osteo-arthritis secondary to multiple-fractures and childhood problems with legs)

Explanations and Information

I actually have found it very supportive because sometimes she has been able to tell me things, able to sort of explain things that really hasn’t been explained in the [conventional] hospital . . . To have information, I mean there is no doubt that information is very important, when you’re a patient, to have information is quite enabling and to feel cared for as an individual. (52 yr old woman with 6 month history of breast cancer)

Box 4 (Continued)**Shared decision making**

Oh aye, you couldn’t get a more genuine person, from day one, the first time I ever went. I was never eh, like it was never like a doctor-patient, you were always a person. You know what I mean? When you went in she was sort of, eh, on the same level she was’nae lookin’ doon . . . she still wanted to know how I felt and would I take these tablets? No, you were’nae getting forced into ‘well, I’m the doctor, you’re taking them’ with her . . . she’ll ask you if you want to make a change of medication, discuss it. (52 yr old man with 18 year history of psoriasis)

3.3. Other themes

The views expressed 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 was less discontent about GP services than about conventional hospital care. Most went to lengths to explain the apparent shortcomings of other services, suggesting for example that other hospitals were “much busier” and “had more patients to deal with”.

An interesting finding was a consistent ambiguity expressed by patients as to whether the improvements they reported were due to the homoeopathic remedies or the result of the in-depth consultations. All felt that the consultations were very helpful and an important part of the treatment.

There was agreement that the approach taken at the GHH should be more widely available on the NHS (particularly in primary care) and should be part of medical training, starting at medical school. For some this meant actually learning complementary therapies as part of medical training; for others it meant teaching the skills, values and qualities (such as listening, empathy, and so on).

4. Discussion and conclusions

The present study sought to gain insight into the benefits reported by patients who attend the GHH [11–14], by seeking patient’s views on the system of care, and on the doctor-patient relationship. Previous work in this area has tended to look at patients who seek private complementary therapy, largely because of dissatisfaction with the NHS. It is therefore of interest to find that in the patients interviewed in the present study (who were from across the socio-economic spectrum), there was strong support for the GHH because it was part of the NHS. It is also of interest to note that the patients were reassured by the fact that the practitioners at the GHH are both medical doctors and qualified homoeopaths.

Patient expectation before attending the GHH appeared to be moderate rather than high, though it is noteworthy that

many of those interviewed had ‘family histories’ of attendance at the hospital, sometimes spanning three generations. The fact that the GHH has been part of the NHS since the early post-war period, and is therefore very much part of the Glasgow medical ‘landscape’ may partly explain this phenomenon. The views on the new hospital (which opened in 1999) should thus be viewed in this historical context, but are nonetheless of great interest given the recent emphasis on the importance of architecture and design on patient (and staff) well-being [17].

In terms of the patient’s views on the consultations at the GHH, it was clear that they highly valued the time available and the holistic approach taken by the doctors. An overriding theme was the sense that the doctors genuinely cared about the patients general well-being, and although this could often be ascribed to the use of a ‘patient-centred’ consultation style by the doctors, it was noteworthy how many patients ‘judged’ the genuineness of the doctors approach by seemingly small gestures and events. Thus although the patient-centred consultation style that predominated in the patients accounts of the doctor they saw at the GHH was clearly of major importance to them, the overriding perception was one of genuine empathy on the part of the clinicians. Our previous (quantitative) work at the GHH has indeed demonstrated the importance of the patients perception of the doctors empathy in patient enablement in the consultation [14]. Empathy is regarded as being crucial to the development of the therapeutic relationship, and several studies have suggested that empathy can help create an interpersonal climate that is free of defensiveness and that enables individuals to talk about their concerns and perceptions of need [18,19].

The patients interviewed unanimously felt that the integrative complementary and orthodox model of care offered by the GHH should be more widely available on the NHS, and particularly within primary care. This is in agreement with larger patient surveys on the demand for complementary therapies. However, many of those interviewed also felt that the empathetic, ‘whole-person’ approach to the consultation taken by the doctors at the GHH could (and should) be taught to medical students, even if it did not specifically involve homoeopathy or other complementary therapies. Interestingly, recent work with medical students has indicated that the patient encounter can be made more holistic by a focus on empathy in teaching [20,21].

Finally, we would like to acknowledge the limitations of the present study. For pragmatic reasons the sample size was limited to 14 patients (mainly because of time constraints), and male patients were under-represented. We cannot therefore be certain that we reached ‘saturation’ in terms of views and themes, and must therefore be cautious about generalising the findings to all GHH patients. Thus we would express this work as exploratory rather than definitive, and would wish to present it as giving context and depth to our quantitative approaches [14].

4.1. Conclusion

In summary, patients attending the GHH seem to greatly value the holistic ‘whole-person’ approach taken by the doctors. The time available, the doctor’s empathy, the ability to discuss and share decisions, and the ongoing therapeutic relationship with the doctor appear to be the areas of key importance to patients. Further work is required to establish the generalisability of these findings, and to link these relational factors to patient’s health gain, use of other NHS services, and overall cost to the NHS.

4.2. Practice implications

NHS patients value the holistic approach taken by the GHH and feel that a similar approach is needed in conventional care. However, in conventional care in the UK a major constraint on the delivery of holistic consultations appears to be the lack of time available for each clinical encounter [22]. Strategies to enhance the focus on holism in conventional care—including the provision of longer consultations—need to be developed, evaluated, and rewarded.

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