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Clients' Perspectives of Meaningful Healthcare Relationships

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Clients' Perspectives of Meaningful Healthcare Relationships

Abstract

Purpose: The aim of this study was to increase understanding of how clients view meaningful relationships within the healthcare context and how clients respond to differences in approaches or expectations for a meaningful relationship.

Methods: A phenomenological research approach was taken to conduct this study. Eight participants were recruited using convenience sampling. Participants were part of a conveniently identified community and were required to be 18 years of age or older. Each participant engaged in an in-depth, semi-structured interview with one of the researchers that lasted approximately 30-60 minutes in length. All interviews were audio recorded and transcribed verbatim to aid in constant comparative analysis and were used in the identification of themes, subthemes, and schematics. To ensure the credibility of the findings, the researchers utilized a variety of procedures, including personal reflection, triangulation, and member checking.

Results: The participants each identified a multitude of healthcare relationships that were meaningful. As a result, the researchers developed six significant themes related to clients' perspectives of meaningful healthcare relationships. These included the following: *"They know what they are doing," "They know me," "They convey respect," "They go above and beyond," "They recognize that it is my life,"* and *"They are here for me."* Further subthemes were developed from these overarching themes.

Conclusions: Establishing meaningful healthcare relationships with clients is important within the healthcare context to ensure client satisfaction with the healthcare professional and overall experience of care. Additional research is needed to fully understand how the client and healthcare professional develop such relationships.

Clients' Perspectives of Meaningful Healthcare Relationships

Introduction

Meaningful healthcare relationships are alliances that impact clients' experiences of treatment based on the connections between healthcare professionals and clients (DeStefano, Mann-Feder, & Gazzola, 2010; Littauer, Sexton, & Wynn, 2005; Shattell, Starr, & Thomas, 2007). A meaningful relationship is vital to a positive experience in healthcare and is seen across various health disciplines (Bachelor, 2013; Duff & Bedi, 2010; Green et al., 2008; Palmadottir, 2003). Specifically, occupational therapy practitioners believe the value of a meaningful relationship is to form connections with clients in order to "establish a shared investment in the therapeutic process" (Humbert et al., 2015, p. 14) and "to affect occupational engagement" (Taylor, Lee, Kielhofner, & Ketkar, 2009, p. 202). Factors that occupational therapy practitioners have suggested contribute to a meaningful healthcare relationship include collaboration between clients and healthcare professionals, shared life experiences, increased time spent together in treatment, and treatment breakthroughs (Humbert et al., 2015; Kirsh, Trentham, & Cole, 2006; Pooremamali, Eklund, Ostman, & Persson, 2012; Shattell et al., 2007; Wright & Jones, 2012).

Beyond practitioners' perspectives, it is important to understand relationships from clients' perspectives. According to clients, multiple factors contribute to the development of a meaningful healthcare relationship including preferred interpersonal dynamics (Bachelor, 2013) and personal characteristics of the healthcare professional (Duff & Bedi, 2010; Palmadottir, 2003). However, factors differ across cultures (Pooremamali, et al., 2012), settings (Forchuk, Jewell, Tweedell, & Steinngel, 2003; Palmadottir, 2003) and diagnoses (Cruz, Howie, & Lentin, 2015; Steffen, 2013). While this information was present in the literature, little is known about how clients prioritize contributing factors (e.g. personal characteristics of the healthcare professional), manage challenging relationships, and how external factors (e.g. characteristics of the setting) impact relationships. The aim of this study was to better understand how clients view this complex relationship in order to create and facilitate meaningful relationships in practice.

Literature Review

In this literature review, the term *healthcare professional* is used to describe physicians, nurses, occupational therapy practitioners, physical therapy practitioners, speech/ language pathologists, psychologists, counselors, and psychiatrists. The term *client* is used to describe consumers, patients, and recipients of healthcare services. The term *healthcare relationship* is used to describe any relationship between a healthcare professional and a client during treatment.

Value of Relationship

A meaningful healthcare relationship can influence a client's healthcare experience and can be a determinant of a positive perception of the service provided (Haertl, Behrens, Houtujec, Rue, & Ten Haken, 2009; Palmadottir, 2006; Wright & Jones, 2012). Specifically, occupational therapy practitioners utilize an approach called *therapeutic use of self*, defined in the Occupational Therapy Practice Framework- Third edition (OTPF-III) as, "an approach that allows for the management of the relationship by utilizing narrative and clinical reasoning, empathy, and a client-centered, collaborative approach to service delivery" (American Occupational Therapy Association, 2014, p.12). This approach allows for open communication, enhances the ability to form connections with clients, and has an influence on outcomes of treatment (Humbert et al., 2015; Kelley, Kraft-Todd, Schapira, Kossowsky, & Riess, 2014). Beyond practitioner's perspectives of care, one study found that meaningful relationships had a significant influence on health outcomes related to quality of life, depression, weight loss, re-consultation rate, blood pressure, serum levels in diabetes, and smoking cessation rate (Kelley et al., 2014).

Value as Stated by Healthcare Professionals

A meaningful relationship involves mutuality in that it involves the client's perspective as well as the healthcare professional's perspective. Humbert et al. (2015) investigated the value of a meaningful healthcare relationship from occupational therapy practitioners' perspectives. After interviewing six occupational therapists, the researchers were able to derive four themes from the data. First, the meaningful relationship helped practitioners enter into the client's world, developing a deeper understanding of clients to better fit the client's needs. Second, the therapeutic relationship helped practitioners form connections with clients. These connections were influenced by similarities between the practitioner and client, increased time in treatment, and tipping points (e.g. breakthroughs and performance milestones). Third, practitioners stated that, to have a successful relationship, it is important to balance both their own and the client's emotions. Setting personal and professional boundaries (e.g. refraining from accepting requests on social media) may create a certain interpersonal distance for the benefit of the client and practitioner. The final theme is that the relationship was mutually beneficial in that while the clients improved

functionally, the practitioner gained new insights, influencing their lives both personally and professionally. While this study focused on therapists' perspectives, clients' perspectives were not discussed.

Value as Stated by Clients

Throughout the literature, clients have stated that a meaningful relationship fostered their ability to see new points of view relating to illness and encouraged participation in therapy (Gunnarsson, Peterson, Leufstadius, Jansson, & Eklund, 2010). Likewise, providing new points of view helped clients develop ways to cope with their symptoms and reassured them that an appropriate treatment could be found, even if previous approaches were ineffective (Green et al., 2008; Wright & Jones, 2012). Green et al. (2008) found that the client also valued when healthcare professionals accurately determined what level of interpersonal distance the client preferred. Neglecting to ascertain what a client was comfortable with led to poor treatment adherence (Green et al., 2008). Within the literature, the value of the healthcare relationship, as expressed by clients, primarily focused on the dynamics of the relationship and the personal characteristics of the healthcare professional.

Dynamics of the relationship. Some studies found that clients experienced positive healthcare relationships when they most resembled that of "close friends" (Palmadottir, 2003, p. 164) or "friendships" (Steffen, 2013, p. 69). Green et al. (2008) defined this friendship as appearing less like a clinical relationship in which the client is purely a care recipient, but instead the client shared and contributed to the relationship. Ways in which healthcare professionals may create this type of relationship is by disclosing personal or familial information (Green et al., 2008, Palmadottir, 2003, Steffen, 2013), involving clients in decision making (Palmadottir, 2003), and showing unconditional positive regard (Steffen, 2013). When the relationship was described as a friendship, clients felt that they had a voice and that they were contributing to their treatment and were less likely to feel that the relationship was one-sided (Green et al., 2008; Steffen, 2013).

Similarly, some clients described themselves as a member of a team pursuing common goals. Agreeing on and sharing the same view, in regards to the therapy process, may have contributed to the client's sense of collaboration (Bachelor, 2013; Crepeau & Garren, 2011; Cruz et al., 2015; Haertl et al., 2009; Palmadottir, 2003). However, the healthcare professional and client do not always have to agree, but rather be able to understand each other's perspectives and work together to promote growth (Gunnarsson et al., 2010). When clients experienced collaboration, it encouraged them to participate and play a role in their own health (Bachelor, 2013). Sharing responsibility for the intervention process was highly valued and helped the client feel as though they were in an equal partnership concerning their care (Cruz et al., 2015; Gunnarsson et al., 2010; Steffen, 2013).

Although some clients valued collaboration, Maitra and Erway (2006) found that almost 30% of clients valued healthcare professionals' authority with statements such as "I'd rather have them tell me what to do" (p. 306) or "They tell me what to do. That's what they're trained for" (p. 306). Clients also expressed that they valued healthcare professionals as experts (Crepeau & Garren, 2011), teachers (Haertl et al., 2009), or guides (Palmadottir, 2003).

Regardless of which dynamic was valued in the relationship, Bachelor (2013) found that it was always important to receive feedback from the client regarding expectations for treatment. Clients were left unsatisfied with the services they received when they were excluded from the goal setting process, due to differences in perceptions between them and healthcare professional (Maitra & Erway, 2006). Ensuring understanding and agreement about goals, regardless of the dynamics of the relationship, promoted best outcomes for the client (Maitra & Erway, 2006).

Personal characteristics of the healthcare professional. Another factor that was identified by clients as affecting the healthcare relationship was the personal characteristics of the healthcare professional, including their ability to use humor, be caring, understanding, clinically competent, and non-judgmental, provide support, trust, and allow for self-disclosure.

One of these personal attributes of the healthcare professional was the ability to be *caring*. Through the use of "sympathy" (e.g. saying "I'm sorry"), the healthcare professional demonstrated that they were caring and relatable (Shattell et al., 2007, p. 279). This attribute was especially valuable when treating adults with mental illness. In counseling sessions, caring was demonstrated when healthcare professionals identified and reflected back clients' feelings; showing that they had empathy and knew what was best in terms of treatment (Duff & Bedi, 2010).

Some clients preferred that healthcare professionals be *understanding*. Understanding was demonstrated by showing a genuine concern and listening attentively (Littauer et al., 2005; Shattell et al., 2007). When clients' perspectives were understood, they experienced positive healthcare outcomes (Crepeau & Garren, 2011; Cruz et al., 2015). Additionally, clients valued when they were not seen as another case or diagnosis but rather as an individual (Cruz et al., 2015; Stadnick, Drahota, & Brookman-Frazer, 2012; Wright & Jones, 2012).

When healthcare professionals used *self-disclosure* and shared aspects of their lives, it humanized the healthcare professional, making them relatable (DeStefano et al., 2010; Shattell et al., 2007). Additionally, clients appreciated when healthcare professionals revealed personal information because it helped clients open up; making the healthcare relationship resemble a peer relationship instead of strictly professional (Jim & Pistrang, 2007; Kirsh

et al., 2006). When healthcare professionals spoke openly about themselves, clients felt that they had developed a connection and trust was established (Cruz et al., 2015; Steffen, 2015).

Relationships were also more meaningful when the healthcare professional was *supportive* and facilitated *trust*. Clients indicated that through ordinary conversation, “the everyday light exchanges between people” (Crepeau & Garren, 2011, p. 878), trust and support were established (Crepeau & Garren, 2011; Haertl et al., 2009; Wright & Jones, 2012). Receiving support and encouragement enhanced experiences with healthcare professionals (Crepeau & Garren, 2011; Haertl et al., 2009; Palmadottir, 2003).

Value was also placed on the professional’s *clinical competency*, which could help facilitate involvement in treatment and goal attainment. Through being a guide, helping clients to solve specific problems, being prepared for sessions, and having a plan of action, clients expressed that healthcare professionals proved that they were clinically competent (Littauer et al., 2005; Shattell et al., 2007). Healthcare professional’s advice and input was welcomed, aiding clients in problem solving and decision making (Cruz et al., 2015; Palmadottir, 2003).

Development of a meaningful healthcare relationship was facilitated when healthcare professionals were *non-judgmental*. Shattell et al. (2007) indicated that clients with mental illnesses valued when they did not feel that they were “the crazy person” (p. 279). Healthcare professionals demonstrated this by validating clients’ experiences and encouraging them to accept their positive traits which allowed them to open up (Cleary, Hunt, Horsfall, & Deacon, 2012; Duff & Bedi, 2010).

By “joking around” and “kidding around” (Morrison & Smith, 2013, p. 330), healthcare professionals could use *humor* to develop a meaningful relationship with clients. In addition, by having a professional with a sense of humor, clients indicated that their hospital stay was more bearable (Cleary et al., 2012). The inclusion of humor in the meaningful healthcare relationship may serve many purposes and may be a valued personal characteristic for the client.

Factors of the healthcare relationship from the clients’ perspectives.

Culture. Culture profoundly influenced the behaviors and interactions of individuals in their daily lives (Pooremamali et al., 2012). Although it was recognized that culture has a considerable impact on treatment, developing a meaningful relationship within this context is often complex. Differences in background and language could lead to limited client-disclosure and decreased participation (Pooremamali et al., 2012). Pooremamali et al. (2012) and Bellin, Osteen, Heffernan, Levy, and Snyder-Vogel (2011) found that clients felt uncomfortable with healthcare professionals when they had few experiences in common and reported that differences in cultural norms formed a barrier in the relationship.

Practicing cultural sensitivity could aid in the ability of a client to feel understood. Cultural sensitivity is defined by King, Desmarais, Lindsay, Pierart, and Tetreault (2015) as “having understanding and empathy for a client’s values, beliefs, and goals” (p. 1372). However, when practicing cultural sensitivity, it is important to avoid stigmatization because all clients, regardless of cultural background, bring with them a unique set of characteristics and needs. Kirsh et al. (2006) found that clients became skeptical of healthcare professionals when generalizations were made about their culture. It was also important to remember that not all clients value the western philosophies upon which many healthcare services were founded. While some clients may desire independence, clients of other cultures may place more value on interdependence (Pooremamali et al., 2012). Likewise, some clients preferred to look to the professional as an authoritarian guide and did not embrace a collaborative relationship (Jim & Pistrang, 2007).

While cultural sensitivity and responsive care was promoted in the literature, there was also recognition that this may be challenging at times for either the client or the healthcare professional. In this case, cultural sensitivity was not as important as the healthcare professional’s ability to present their clinical expertise, professionalism, and ability to adequately help the client (Pooremamali et al., 2012). Regardless of client’s culture, it is important to always personalize treatment to best fit the client and his or her needs.

Setting. Clients may value different factors in a healthcare relationship depending on the clinical setting. In a rehabilitation setting, clients reported that they appreciated when healthcare professionals were friendly, but still able to maintain professional boundaries. (Crepeau & Garren, 2011; Palmadottir, 2003). Additionally, when asked to comment on their healthcare experience, client satisfaction was based on the outcomes of treatment (Palmadottir, 2003). On the other hand, clients in a psychiatric setting expressed satisfaction based on the treatment process and the relationship that they develop, including relatability (Haertl et al., 2009). In a psychiatric setting, it is more common for clients to be concerned about a lack of shared experiences between the healthcare professional and themselves, leading to distance in the relationship (Forchuk et al., 2003). The results of these studies, while limited, suggested that clients in psychiatric settings may place more value on the healthcare relationship, while in a rehabilitation setting, clients may be more focused on healthcare outcomes.

Diagnosis. The literature shows that clients with particular diagnoses may also prefer certain features of the healthcare relationship. Specifically, clients diagnosed with borderline personality disorder and traumatic brain injury were the two demographics that had unique values and were most frequently discussed in the literature.

Clients with borderline personality disorder often felt “marginalized and negatively perceived” (p. 66) and felt that there was a stigma that they are difficult to work with (Steffen, 2013). These clients believed that this stigma interfered with having meaningful healthcare relationships with professionals. Having a higher frequency of sessions and availability between sessions were ways that clients with borderline personality disorder felt that healthcare professionals could better develop relationships (Jimenez, 2013; Steffen, 2013).

Persons diagnosed with a traumatic brain injury have also experienced unique difficulties within the healthcare relationship. It was expressed by clients with traumatic brain injuries that they wanted to be understood as a whole, both as they were before their injury and as they are in the present (Cruz et al., 2015; Jeyaraj et al., 2013). Cruz et al. (2015) stressed the importance of validating the client’s feelings and listening to them while they dealt with a life-changing injury. From the clients’ perspectives, emotional support helped the healthcare professional to be viewed as trustworthy, strengthening the healthcare relationship (Cruz et al., 2015). Also, clients with traumatic brain injuries reported that sometimes misunderstandings may occur due to the nature of the injury (Jeyaraj et al., 2013). Healthcare professionals should develop an understanding of different diagnoses and how the meaningful healthcare relationship may be impacted by them.

Summary

Previous literature has suggested that a meaningful healthcare relationship between the healthcare professional and the client is an intricate combination of components. These components are derived from the values that both the healthcare professional and the client place on the relationship. Additionally, these values may look different across diagnosis, setting, and culture. Little is known about how clients might prioritize personal characteristics of the healthcare professional, how clients handle these potentially challenging relationships, and what happens when expectations for collaboration and goals are not realized. Additionally, external factors (the physical environment, emotional environment, and reputation of facility) that clients perceived as impacting the healthcare relationship are seldom discussed in the literature. The aim of this study was to increase understanding of how clients view meaningful relationships within the healthcare context and how they respond to differences in approaches or expectations for a meaningful relationship. This will deepen understanding of best practice in regards to meaningful healthcare relationships. The research questions were as follows: (a) How do clients view or articulate meaningful client-professional relationships? (b) How do clients prioritize positive personal characteristics of the healthcare professional when/if any of the valued characteristics are missing? (c) How do clients define a challenging healthcare relationship? (d) What external factors hinder or facilitate the relationship? (e.g. physical environment, reputation of healthcare facility, or the emotional environment). The researchers believe that furthering this understanding may provide insights into how to create and maintain meaningful client-professional relationships.

Methodology

Overview of Methodology

A phenomenological approach, “a qualitative research approach whose purpose is to describe some aspect of life as it is lived by the participants,” (Carter, Lubinsky, & Domholdt, 2011, p. 478) was used to research this topic. This approach allows researchers to gain insight into the unique experiences and thoughts of each individual and further, to analyze the similarities and differences between individuals (Glesne, 2015). The researchers used in-depth interviews to give participants a voice and understand how meaningful relationships are viewed within a healthcare context.

Participants

Criteria. The researchers included individuals who had identified a significant experience with a healthcare provider. Information about these relationships were solicited and included in this study. The study participants included English-speaking adults, 18 years of age or older. They had to be able and willing to participate in an interview that would last approximately one hour and be willing to have an in-depth discussion about their healthcare relationship. Exclusion criteria included eliminating any individual who was under the age of 18. Due to privacy concerns, the researchers did not include healthcare relationships affiliated with Elizabethtown College’s healthcare professionals, such as counseling services.

Procedures

The researchers engaged in an extensive methodological process which included a series of steps leading to the research results. The steps are represented in sequential order in Figure 1 below.

Sampling and Screening. The researchers elected to utilize convenience and purposive sampling for the project. The researchers posted flyers around the Elizabethtown College campus to recruit potential participants. The researchers also advertised in a campus news email to students, faculty, and staff. The flyer and email included one researcher’s email address and asked the interested individuals to email the researcher regarding their interest in

participating in the study. These forms of recruitment specified that no personal information should be included in email format and will only be disclosed over the phone or during face-to-face interviews. Once interest in participating in the study was expressed, potential participants were provided a copy of the informed consent form to review.

Once the participants were assessed as meeting the inclusion criteria and selected for the study, researchers decided to divide the participants so that each student researcher had a similar number of participants to screen and, later, interview. A screening process was used to gain additional information about participants to allow for more focused selection of participants. Each participant was asked to provide information by phone such as demographics (age), length of relationship, and type of healthcare service. Nine potential participants responded to the inquiry regarding this research. Out of the nine respondents, eight participants were included in the data collection process. One individual was unable to participate in the interview due to scheduling conflicts.

Interview Process

After the sampling and screening process was completed, each researcher contacted the assigned participant by telephone to set-up an interview date, time, and place. Before any interviews were conducted, the researchers engaged in a mock interview process that was facilitated by the primary researcher. Researchers discussed concerns, potential biases, or situations that may arise during the interviews and developed strategies for handling these situations. Based on the comfort of each individual participant, researchers reserved private rooms or planned to meet the participant in a location of their choice to conduct the face-to-face interviews. They confirmed the locations and times with the participants. In person, before beginning the interview, the participant signed an informed consent form with the researcher acting as witness. An additional copy was provided to the participant. The length of each interview lasted approximately 30 to 60 minutes.

Data Collection

The primary form of data collection consisted of one-on-one, in-depth interviews with each individual participant. The interviews were semi-structured and were based on the following guiding questions:

1. Tell me about a positive healthcare relationship that you have had.
2. What do you value in this specific relationship?
3. Which of these values is the most important to you? Least important?
4. Do you think the relationship had an impact on the outcomes of your treatment?
5. Tell me about a challenging healthcare relationship that you have had.
6. Are there any external factors (e.g. setting, reputation of facility or professional, etc.) that you feel may have impacted the relationship?

Additional questions were asked based off of the participant's responses. All interviews were audio-recorded and transcribed verbatim for use during the data analysis process.

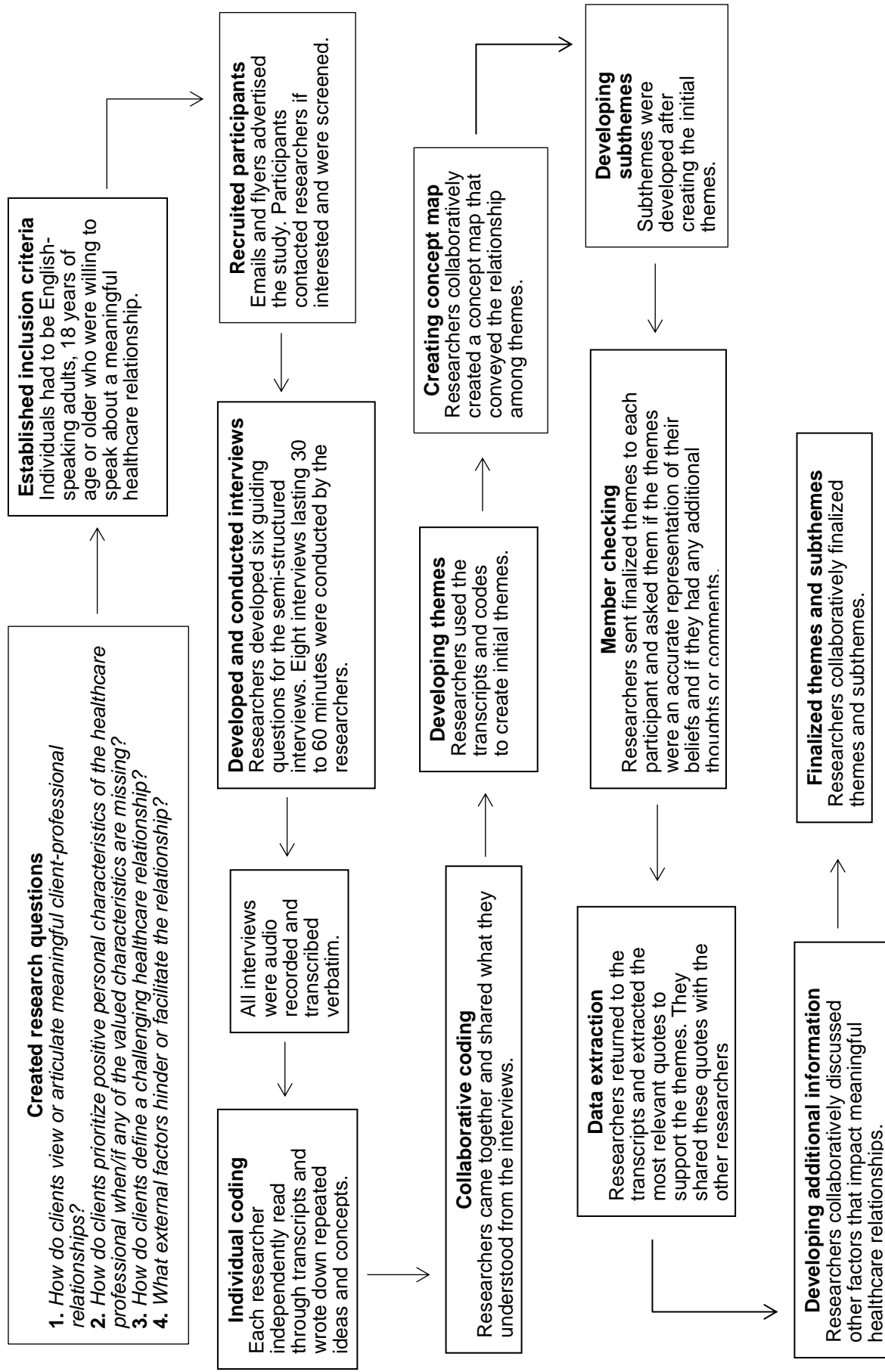


Figure 1. Methodology Flow Chart

Data Analysis

Data analysis is a process by which the researchers organize the data in order to develop an understanding of the participants' experiences while simultaneously attempting to answer the research questions (Glesne, 2015). First, transcriptions were analyzed through individual coding. Codes, used to summarize, synthesize, and sort data, were derived from the researcher's examination of the transcribed interviews (Glesne, 2015). After individual coding was completed, researchers used constant comparative analysis to come together to discuss where their ideas overlapped. Categorizing the codes was the next step in the data analysis process. Researchers put similar codes into categories in order to discover patterns (Glesne, 2015). In phenomenological research, the final step in the data analysis process is theme searching. During this process, categories were compared to create themes related to the research questions.

Credibility. Before the initiation of each interview, researchers identified personal biases and previous conceptions and put them aside in order to be objective during the collection and analysis of data (Frank & Polkinghorne, 2010). This was done by recording subjective thoughts about the information in a journal upon each interview's completion. Additionally, to ensure the credibility of the conclusions drawn from the data, the researchers engaged in triangulation. Each researcher individually read, coded, categorized, and searched for themes in each transcript. Then, the researchers came together, discussed, and agreed on the inferences made.

After the transcripts were analyzed and conclusions were made, the researchers engaged in a process of member checking to further ensure the credibility of the findings (Glesne, 2015). This was done by contacting the participants and ensuring that the responses they gave were interpreted correctly. Through this, the participants were given the opportunity to provide suggestions for further interpretation of their statements.

Ethics and Confidentiality

Before beginning the research process, all plans for conducting the research and documents applicable to the project were submitted to the Elizabethtown College Institutional Review Board and were approved. In order to ensure the privacy of the participants, the researchers used pseudonyms for all participants involved in the study. For the duration of the research process, data, including transcriptions and recordings, were stored on the researchers' password protected computers. All audio recorded interviews were destroyed at the completion of the project. Paper copies of transcripts will remain locked in a file cabinet in the primary investigator's office and will be destroyed three years after research completion. During the interviews, no names of healthcare professionals were solicited by the researchers. However, if they were inadvertently disclosed, names were omitted from written transcripts. If any information was disclosed by the participants regarding any healthcare practitioner's intervention or therapeutic approaches that could be deemed abusive or incriminating, researchers were prepared to provide the participants with the information to report it to the appropriate authorities. No such concerns were identified throughout the study.

Results

Participant Information

The eight participants included in this study were students, staff, or faculty of the Elizabethtown College community. Of the participants, two were male and six were female. Four of the participants were students between the ages of 18 and 25. The remaining four participants were faculty or staff between the ages of 25 and 60. Participants spoke about relationships with physicians, pediatricians, audiologists, psychiatrists, surgeons, respiratory therapists, physical therapists, occupational therapists, nurses, and an array of medical specialists. Most participants were the direct recipients of care while two of the eight participants also spoke about meaningful healthcare relationships in which their children were the direct recipients of care. These relationships were either long-term relationships, developed over multiple years, or ones in which the participants engaged with the practitioner over a short, but intense course of healthcare intervention. In order to protect the anonymity of the participants, identifying information was omitted from the results, including within direct quotes.

General Observations

Each participant was open and willing to share their experiences at length. Although participants typically came into the interview with one specific healthcare professional in mind, they all chose to discuss multiple healthcare relationships with many professionals, often across several healthcare disciplines. All participants displayed an affinity and deep appreciation for who the professional was as a person and what they did for the participant as a recipient of care.

Additionally, participants were able to readily share situations in which they experienced challenging healthcare relationships to provide a contrast to their positive experiences. Often, participants would naturally describe these challenging situations without being directly prompted by the interviewer. Some of the negative experiences had lingering effects even though they occurred several years prior to this study.

Although there were similarities across the participants' shared stories, there was an explicit difference between the students ages 18 to 25 and the faculty or staff ages 25 to 60. The younger demographic placed value on the dynamics of the relationship and on the formation of a bond with the professional. They appreciated when they could connect with the healthcare professional on a personal level through reciprocal, ordinary conversation. Additionally, younger participants seemed to look up to the healthcare professional and viewed them as a mentor or a role model. On the other hand, the older participants placed significant value on the competency of the professional. These participants spoke at great length about their desire for a competent healthcare provider. It was appreciated when the healthcare professional respected the participant's level of understanding of the information while also being able to communicate effectively regardless of the knowledge base of the participant.

Regardless of age, most participants valued a relationship that resembled a friendship. Some explicitly stated that their relationship was like a friendship, but others stated that components were friendship-like. Despite the clear appreciation of these friendship-like values, all participants stressed that the relationship also needed to maintain a professional component.

What Makes a Relationship Meaningful: Themes Among Participants

The results of this study include six overarching themes. These themes are what the researchers believe describe elements crucial to developing meaningful relationships with clients. The themes are "*They know what they are doing,*" "*They know me,*" "*They convey respect,*" "*They go above and beyond,*" "*They recognize that it's my life,*" and "*They are here for me.*" Multiple subthemes were also identified.

"They know what they are doing."

Participants described their respective healthcare professionals as knowing what they were doing when they presented with the necessary skills to provide adequate care and were able to effectively impart valuable information to the client about their health. This ranged from being knowledgeable in the field, competent while working hands on, and having a positive reputation. Participants also were appreciative when the healthcare professional with whom they were working asked their colleagues for help. If the professional was not familiar with a diagnosis or treatment modality, some participants spoke about wanting the professionals to seek assistance and guidance from colleagues.

I think you almost have to start with trust because that's the whole reason you're going to the doctors. If I'm walking into a doctor's office, personally, and I don't trust them, then chances are it's not going to be a good appointment. I think you're paying the money to go to someone who is educated and knows something more than you.

This participant expressed that trust in her healthcare professional was directly linked to the fact that the individual was educated. It was emphasized that the reason that she chooses to go to a healthcare professional is to seek knowledge about her family's health or her own. Similarly, another participant expressed that the first thing she wants from a healthcare professional is knowledge.

When I go in there I want to know "Okay what's our plan here" and so the professionalism piece comes first. I want their knowledge. I want their professionalism first and then as we're getting ready to go, I'll chit chat.

In regards to this quote, the participant mentioned that before she goes into an appointment, she will do research on the internet to review the healthcare professional's background and training. She indicated that her goal is to get right down to business first and then get into less professional small-talk. To her, getting the most out of the healthcare professional's knowledge is her top priority when going into an appointment. She ensures that before she sees a healthcare professional, she knows that they are educated and trained in what they are doing.

Knowledgeable and competent. As a subtheme to "*they know what they are doing*", participants described their respective healthcare professionals as knowledgeable when they imparted valuable information to the client about their health. Additionally, healthcare professionals showed competency during hands-on experiences with the clients when they used their knowledge and clinical skills to provide adequate care.

Every time I go in, he tests me more thoroughly than anybody else that I've ever been to for what I have. And he does normal things where he checks if all my reflexes are working and things like that. But he's just very thorough and he's just very good with his medications. He really knows his stuff better than anybody I've ever met. And you know he knows... there's never a moment where I look at him and I don't see a professional doing his job, but at the same time he's very friendly and warm and kind.

This quote exemplifies how the healthcare professional was able to demonstrate his professionalism through knowledge and competency. The participant strongly valued that the healthcare professional was able to show, through testing, that he knew what to do concerning the participant's health. Due to this demonstration of competence, the participant had positive feelings about the healthcare professional. Similarly, another participant spoke about the importance of competency in the care of her family.

So I think as a medical profession... it's good to include your patients, but you need to make sure that you're communicating things correctly the first time before you say something so big and it not actually be the right plan.

In this example, this participant expresses the importance of thorough communication within a healthcare relationship. Without appropriate knowledge and skills, the client's care could be compromised.

Reputation. Another subtheme to "*they know what they are doing*" included the idea of reputation. Participants also valued healthcare professionals when they were well known and had a positive reputation in their field of work.

The [specialist] for my oldest [child]... I feel like everyone talked about [the specialist]. That's where you would go. It would be this guy. And everyone's like... "He's great!" So I was expecting this great appointment. And it was fine. He was very personable but it was an in-and-out. We weren't there very long. But, you know, he did what he needed to do and moved on. So I felt good going to him because it seemed like everybody and his brother went to him. But he also has a four month waiting list. So that also tells you that people will wait to see him.

This participant expressed that she valued when the healthcare professional for her child was well known. Due to the healthcare professional's reputation in his field, the participant was at ease and felt positively about taking her child to this specialist. As a result of the specialist's reputation, he had an extensive waiting list of clients. Another participant expressed how the reputation of a healthcare professional similarly affected his experience.

I legitimately look forward for waiting in his office for four hours to see him...but he is only one guy, so you know a lot of people come to see him because a lot of people know he's the best.

In this example, the participant indicated that he has had to wait in a waiting room for up to four hours to see a specialist. He went as far to say that he genuinely looks forward to seeing this healthcare professional despite the long wait and the angry crowd in the waiting room. It was indicated that the reason that the waiting room is so crowded is due to the specialist's reputation. He mentioned that this specialist is the best at what he does and has a very positive reputation in his field. This participant doesn't mind waiting this extended period of time because he knows that the doctor knows what he is doing and at the end of the wait he will be receiving the best care.

"They know me."

This theme describes the participants' experiences with healthcare professionals who made them feel important, treated them like they were not just any other client, and showed an interest in their personal life. Two subthemes were also identified.

I've worked with him as a single lady, being a [professional], needing to be able to move around the classroom, through having a baby, post-surgery, pre-surgery, post injury. Yeah, I mean he's known me through it all so he's seen me for a really long time...

This participant cherished the long standing relationship with the healthcare professional. The longstanding relationship allowed for the healthcare professional to better understand the participant and what her needs were. Similarly, another participant had a healthcare relationship with a healthcare professional that lasted 20 years.

He didn't even have to look at my chart, he remembers stuff better than my mom about all of us... My mom couldn't find my shots, like all the dates and everything you have to fill out, and he remembered most of them, like year and everything.

In this example, a participant went as far to say that the primary care physician knew her family members and her healthcare information better than her own mother did. This aspect is something that made the relationship with the primary care physician more meaningful because he knew what she had dealt with, medically, in the past and did not

have to review her charts every time that she saw him. She also said that she was able to call him and ask him about information regarding when she had certain immunizations and he could recall the time that she had them. This was something that she appreciated and made her healthcare experience with him more meaningful.

Knowing about client's personal life. As a subtheme to "*they know me*", participants valued when healthcare professionals knew about not only their health, but about what was going on in their lives outside of the healthcare context. They also stressed that it was important that the healthcare professional showed an interest in their family as well.

She knew what was going on in our house. She could probably tell you where I work. You know, different things like that. She knew more about our family. She knew that at one point, I wasn't working at all and the next point, I got a job and that grandma helps out. So, she learned more about our family as we visited her more. So, yeah. I think when we first started out we were just regular patients, but as we kept coming back... You know, you get to know your patients more.

This participant valued the healthcare professional's ability to progressively get to know her on a more personal level. The healthcare professional developed this knowledge about the participant's personal life by asking questions and promoting a dialogue, which enhanced the relationship. Likewise, the healthcare professional of whom a different participant spoke also promoted conversation during appointments.

He kind of would joke around with me and he tried to get to know me on a personal level, not just physical therapy based. So he asked me questions about my personal life and he reciprocated that and shared some of his stuff. So it was more of a friendly basis... even though it was still professional...

This participant indicated that when developing a meaningful relationship with the physical therapist she was seeing as, he would facilitate conversations to get to know her on a personal level. By asking her questions about her personal life, the physical therapist was allowing for the participant to feel more comfortable. Having the healthcare professional get to know more about her personal life was important to this participant. She indicated that this made him easy to be around and showed her that he was friendly. To her, this displayed that the physical therapist cared about her and helped the meaningful relationship form and develop.

Treating clients as more than just a number. Most participants explicitly expressed that it was important for healthcare professionals to individualize treatment and treat them as people. Participants appreciated when they were not treated like "just another client" but felt that the healthcare professional saw them as human beings with unique needs and abilities.

Most important would be not treating me just as a case... Just because I think physical therapy or any healthcare [professional], they see so many cases that they can just see like, "Oh, this person has an [injury]. So they're going to get it repaired and it's going to go this, this, and this in recovery," and they don't go too much into it. Where[as] if they don't treat me as a case, they can see the differences between my case based off someone else's. The little differences that could make a huge difference in my life.

When asked to state values most preferred in a healthcare relationship, this participant stated that being treated as an individual and not just another case or number was of the utmost importance. This participant recognized that some healthcare professionals may just see the client for the diagnosis, however, it was particularly valuable to treatment that the healthcare professional understand and acknowledge that the participant's case was unique. As per the participant, the professional's ability to understand differences directly impacted the therapy outcomes. A different participant also appreciated being seen and known as an individual.

It would have to be that relationship building piece because I don't want to be just another number or just another file, and I've had that experience too you know where they don't even realize who I am.... For example I went to a doctor and they didn't obviously read the chart that says I had [diagnosis]. I want to know that you care enough to know who I am as a person.

The participant indicated that she wanted a healthcare professional who knew her and did not treat her as just another number. To her, it was crucial for the healthcare professional to know who she was and know about her specific diagnosis, how it presents, and how it impacts her daily life.

“They convey respect.”

Participants valued when healthcare professionals respected participants’ decisions about their own care. Additionally, it was crucial for healthcare professionals to respect participants and recognize that they can also make significant contributions to their health and well-being rather than being passive recipients of care. Healthcare professionals can convey respect in a variety of ways including taking the client’s perspective into account, finding a balance between pushing the client enough and remaining sympathetic, giving participants adequate treatment time, respecting personal decisions, not looking down on the client, and viewing treatment as an equal partnership.

I think the inherent nature of the situation helped with that, like I was probably at the lowest point I had ever been in my whole life and it was just kind of, I don’t know just a personal time kind of and there were a lot of opportunities that I could have kind of lost my dignity if that makes sense. I don’t know, I needed help going to the bathroom and all that kind of thing, but they were really, they treated, I guess they treated that as if it was no big deal, like, were willing to help you but in a way that makes you feel safe and comfortable and valued and let you do as much as you can by yourself but be here to support you kind of thing, so it was just like the nature of the situation, it was automatically really personal and the fact that they were willing to kind of go with that made it work.

With this story, a participant emphasized the importance of maintaining her dignity through a tough time in her life. Since the healthcare professionals provided the participant with respect during that time, it allowed the participant to maintain her dignity. By demonstrating this respect for the client, the healthcare professionals were able to create a safe environment, which allowed the client to improve and enhanced the treatment experience. A different display of respect was valued by another participant as expressed below.

She’s not necessarily pushy in the sense of, we were in around flu vaccine time and we don’t do the flu vaccine. And she’s like, “Do you want me to send the nurse back with the vaccine?” and I’m like “No, not this time.” And she looks at our file and she’s like, “I see you’ve never had it done.” And I’m like “No” and she gave us the reasons why the vaccine is beneficial and then when I still declined it, she was fine with it. It wasn’t this ongoing, like, “Well you’re making a mistake.” She didn’t make me feel bad about myself. Like she just kind of respected... well, I don’t know if she respected it, but she let it go. She saw that I wasn’t going to change my mind and she accepted it and we moved on. So that was good too.

As a parent, the participant greatly valued when the healthcare professional respected the decisions that she made for her child even when they came to disagreements about the child’s care. The healthcare professional chose to respect the participant’s autonomy and the participant appreciated that and in turn respected the professional.

Reciprocal respect. As a subtheme to “*they convey respect*”, reciprocal respect was also noted. Although not explicitly stated by any of the participants, it appeared to the researchers that there was a reciprocal respect present in every meaningful relationship that was articulated by the participants. That same respect was absent in the descriptions of the challenging healthcare relationships. Through the healthcare professionals’ actions and their attentiveness to participants’ care, participants developed a respect for the healthcare professionals and is very present in the participants’ thoughts and feelings expressed in the interview.

...I don’t want to disappoint him, right? Like he tells me to do these things, I better do them because I know, I understand that physical therapy is not a magic cure. He can’t fix me in twenty minutes. I got to do my part. So yeah, in that sense, I don’t want to let him down... we’re kind of accountable to each other I guess.

The participant recognizes that treatment is a collaborative effort. She respects her healthcare professional for all the hard work that he has devoted to her treatment and care, and she feels indebted to put forth the same efforts.

“They go above and beyond.”

Many participants cherished experiences with healthcare professionals who would go above and beyond what was expected of them by their job requirements. Going above and beyond was demonstrated to participants when healthcare professionals took extra steps to do something special or meaningful for the client. Two subthemes were identified.

Well, I was in the rehab hospital for Valentine's Day, and my mom wanted to do something for me and my boyfriend because it was our first Valentine's Day together. She had this idea that, she'd just go downstairs and she'd bring in nice food or whatever. And she told my therapist in private about that, and they were like, "No, we want to take her out." And so I guess the rule for the hospital was that two therapists had to go with someone if they left the premises or whatever. So my boyfriend came home and they kind of took us out to dinner, but they were sitting away from us in the restaurant, and it really just felt normal. So they allowed me to, they gave up their Valentine's Day for me, and it was just really special because, you know, the one was engaged. And yeah I'm sure they had other plans, but the fact that my, kind of, desires were, they put those above their own. To do that for me was just really special.

This participant shared a very personal story about when the healthcare professionals went above and beyond and did something that made her feel special. By arranging this unique event for the participant, the healthcare professionals took extra time out of their own personal schedules and lives to make the participant feel valued and normal again. With this gesture from the healthcare professionals, the participant was able to do something meaningful in a time of need. The participant also experienced a multitude of situations in which she felt the healthcare professional went "above and beyond" in her care and articulated detailed stories of such care. The following quote was about a time during a participant's treatment when, due to necessary medical services, she was unable to speak.

I remember a nurse this one time, she wasn't very good at [using the communication board], but she tried to communicate with me on the board, and my parents were pretty much always there, so they were able to help that communication process. But the fact that she took time to kind of reach me in a way that a lot of other people hadn't was meaningful.

The healthcare professional was able to make a lasting impression on the participant. Instead of easily speaking to the parents, the healthcare professional went out of her way, even when challenging and difficult, to attempt to use the communication board with the participant. The participant goes on to say that she is sure that the nurse had a busy schedule and had other patients to see, but she took the time out her day to actually speak to the participant. Although she was not very good at the communication board, the participant appreciated her attempts and remembered this meaningful interaction. Comparably, another participant recounted an interaction when the healthcare professional went above and beyond.

It made me, just, respect her a little bit more. Because, I feel like she was, she took the time... I feel like those doctors are in and out of offices so quickly. They're in and out, in and out, in and out... But she took the time to make a memo about my personal life and to make sure to revisit... I just feel like there was time invested there outside of that visit. Like, she wasn't writing this summary in front of me. So at some point in her day, she made sure she wrote down every point that I made that was important to me, that she may need to revisit in one year. And she seemed to have remembered it all. So yeah, I think it did make me appreciate her more and see that she cares about more than just getting me in and out of the office.

The healthcare professional took the time out of her day to write notes down about her patients. In this particular case, the participant saw the practitioner only once a year; however, she would still remember important stuff about her because of the documented reminders. For this participant, this was very special and portrayed to her that the healthcare professional cared about her.

Not just a job. As a subtheme to "*they go above and beyond*", participants developed an appreciation for healthcare professionals when they seemed to really care about what they did. Treating and spending time with participants was more than just a job for these healthcare professionals.

I know that it was a lot with my family because he knew all of us and everything but, he would volunteer a lot in public hospitals... You have the public system, and of course, you don't get paid as well. Or even those very, very small medical centers... for very, very, *very* low income, he would just volunteer there for no [compensation]; he didn't even have to get paid or anything like that.

While this particular example involves a relationship with a healthcare professional from a country other than the United States, it is still a very pertinent statement about a healthcare professional who truly cared. The participant voiced that the healthcare professional sometimes volunteered at local public hospitals for those who are unable to

afford privately run medical treatment. Often times, he would provide these services without even getting reimbursed. This showed the participant that the healthcare professional was truly caring and wanted to help others. This allowed the participant to feel more positively about the healthcare professional and that providing care to clients really was more than a job for him. Similarly, another participant talked about a healthcare professional who went above and beyond when caring for her.

Because he knows I keep coming back. So he's kind of always has on his radar, what else can he be reading for me? Because he knows I'm coming back. His patient load changes and what he has to focus on changes based on his clients, but I think he knows I'm a frequent flyer so even though I'm not seeing him actively he's always kind of filing stuff away for when I come back next so I think that's pretty cool that we've known each other for so long that he actually makes a point to do that and he'll even email me stuff like "Oh hey! I just saw this article, check this out" or he tells me, "Just email me if you're having issues with something just email me and I'll weigh in on it." Even if I'm not on his treatment list and I don't think, you don't do that with just any patient.

Even when the participant was not actively receiving care from this healthcare professional, he was doing research into her case. According to the participant, he was going above and beyond his professional responsibilities. If this healthcare professional was just doing his job, he would not have dedicated his personal time to research for a client - especially one who was not currently on his patient load. To this healthcare professional, the care he provides to his clients is not just a part of the job.

Having access to the healthcare professional. Another subtheme of "*they go above and beyond*" focused on having access to the professional. Participants also appreciated when they had access to the healthcare professional, whether it be by a telephone number or some other means of contact.

And it's like, how do I contact the doctor? That's the other nice thing about the doctor that I appreciate is that - now a lot of the medical professionals have this now - they have a client portal. I used that very actively with her and she responds very quickly. So if I ever have a random question, a random thought, I am very quick to send her a message and she always responds very quickly. So, I think there is a benefit in knowing they're accessible. I feel like a lot of doctors aren't accessible. You could call the front desk, and nothing will ever get back to the doctor, but the doctor that we appreciate, she makes herself accessible so we can reach her.

This participant appreciated that she was easily able to contact the healthcare professional even when she did not have a scheduled appointment with her. Having the ability to access the healthcare professional when concerns arose about medical issues was convenient for a working parent. Additionally, this form of communication was acknowledged and valued as an efficient way to create and maintain a relationship with a healthcare professional. In the same way, another participant appreciated the accessibility of the healthcare professional.

I didn't think he would become my favorite doctor or a good friend of mine. At this point he says I can text him if I ever want to talk you know, he gave me his cell phone number... I do know some other people that have had him as a doctor and he doesn't really give his cell phone [number] out to everybody.

Although this participant stated that he never actually decided to contact the healthcare professional through his mobile device, he found great comfort in knowing that he could reach the professional with ease, at any time. The healthcare professional stressed that he would be available to the participant for any health concerns or even for advice regarding college classes.

"They recognize that it is my life."

It was important for healthcare professionals to remember that a participant's health was only one aspect of their life. When healthcare professionals were able to look at the big picture, it enhanced participants' experiences and contributed to their health and well-being. Participants valued when healthcare professionals incorporated aspects of their personal lives into treatment as best they could. Additionally, it was important that healthcare professionals understood that the participant's health directly impacts their life. Therefore, participants valued when they were included in decision making.

Yeah, whereas in the rehab hospital there was a lot more freedom, at first I couldn't, I didn't have a wheelchair that I could move myself because I couldn't, but after I did, I was able to go pretty much wherever I wanted in the building. I could kind of choose what I wanted to eat, it was just

more freedom and again, that communication piece, I was able to be a part of a relationship and not just have things given or done to me kind of thing. I had a say in it.

At the onset of her condition, there was an extreme loss of autonomy for this participant. As she regained skills and abilities, she experienced an increase in freedom and independence as well. Due to these newfound capabilities, healthcare professionals began to offer the participant the opportunities and means to take back control of her life. This participant expressed that this regained ownership of her life and feeling as though she had a say in treatment had a positive impact on her emotional well-being during a tough time in her life. Similarly, another participant experienced a healthcare professional who consistently took into account her ability to function in meaningful areas of her life.

So he's repeatedly worked on that with me over my lifetime, but those kinds of things came up a lot you know... I knew to make sure I could walk downtown so he would work with me on those kinds of everyday life skills but directly impacting my profession because I needed to be able to move in those ways to be a productive [professional] without needing accommodations.

The participant valued her healthcare professional because he made sure to base treatment off of life skills. The treatment he provided her directly impacted her ability to perform in her profession. Similarly, another participant had an experience that the healthcare professional could tell when something was wrong and attempted to help her through it.

When my youngest daughter was born and I was kind of going through the postpartum, and my husband was with me and he asked me, I know what the doctor said, he goes "Look, we've known each other for a while now...you need to tell me what's going on"...

This healthcare professional recognized that it was important to address the well-being of the mother because it would directly impact the child's care. He could not just treat the symptoms of the child, but rather needed to make sure that all was well in the life of the family to ensure that the highest quality of care could be received and that the mom could resume her roles and routines.

Seeing the client as a whole. As a subtheme to "they recognize that this is my life", participants mentioned that they valued when healthcare professionals were able to look at the big picture. By using a holistic approach, healthcare professionals not only treat a participant's condition, but also tailor treatment to focus on the overall well-being of the participant.

In my opinion, a good [healthcare relationship] would be with a doctor that cares about you overall. So he does care about how you say that you are feeling regardless of what your tests show, because there is so much discrepancy that goes along with those things and there's so many gaps. So it's just when they treat you as a whole, so your physical, your emotional, everything and they actually care about you...

As expressed in this quote, the participant stated that in her opinion, a good healthcare professional adopts a holistic approach to treatment. When a healthcare professional treats the person as a whole and addresses the emotional needs along with the physical, the participant feels cared for and that the healthcare professional is really listening to them.

"They are here for me."

Participants placed significance on healthcare professionals' abilities to take into consideration not only physical health but emotional health as well. Additionally, it was important for healthcare professionals to be supportive and provide comfort when the participants needed help.

I just remember this one, the one respiratory therapist. I was having a particularly, tough time one day. I just felt like the settings on the vent weren't right, and she sat with me and just held my hand for like an hour and just, "It's okay, you can do this", and I think it was during, they were trying to ween me off [the ventilator] and they would take the settings down so I had to breathe more by myself and then I hated that. It was scary and I just felt like I couldn't breathe, and my numbers – they always talked about my numbers – and my numbers were fine so they knew that I was getting enough oxygen, but I felt really anxious. And she sat there and just held my hand, and she was like "It's okay, you can do this, we can stop in like a half an hour."

This healthcare professional was able to have a profound impact on this participant through her supportive and caring demeanor. The participant voiced that she was scared and anxious, and the healthcare professional was able to provide her with emotional comfort. Since emotional support was provided to her, she was able to get through this challenging and frightening experience.

Likewise, another participant expressed the comfort that she found in knowing that the healthcare professional was there for her. “[The relationship] was so easy; I felt like nothing could actually go really bad with me because he was always there to tell me that, to tell me what to do.” This healthcare professional provided comfort to the participant because he was always able to be there for whatever she might have needed. The participant felt at ease and trusted that the healthcare professional could provide her with care in times of need. The healthcare professional of which another participant spoke was also able to provide support in a time of need.

I was just not having a very good time but he really offered a lot of encouragement at the time, and he really did help me get through a lot of times. It probably would have been very difficult if I didn't have a healthcare professional who was genuinely was watching out for me.

In a time of need, the participant received a lot of encouragement from his healthcare professional. The participant explicitly stated that it would have been difficult to get through that time in his life without the healthcare professional's support. In a similar manner, another participant spoke about how a healthcare professional was there for her family through the trials of a difficult healthcare situation.

During the ups and downs of going through lots of testing with my oldest, she often would just see how I'm doing. Not necessarily call me about that, but when we [were] at home, not in her appointments, she [would] be like “How are you” -you know. “Are you processing all this okay?” and so not just, she wasn't just concerned about our children but also myself.

This participant really appreciated when the healthcare professional would check in with her and see how she was feeling in the midst of dealing with a healthcare situation. Since the healthcare professional provided her with this support, she felt positively about her character and about her providing treatment for her children.

Arriving at Meaningful Experiences: Factors that Impact the Relationship

In addition to these six themes of what the client's expressed that they valued, additional factors that impact the relationship were also discovered. Some participants did not explicitly state that these factors had an impact on the relationship; however, through statements made by participants, it can be inferred that clients can be affected and influenced by these factors.

Complex and evolving.

Across all participants, relationships were described as complex. These relationships contained many personal and professional components and were described as evolving over time or were relevant in an intense health crisis and health care intervention. Some participants mentioned that relationships evolved into something completely different than what it initially appeared to be.

Evolving. Many participants agreed that the meaningful healthcare relationships were continuously evolving. Relationships became more meaningful over time and as participants grew to know the healthcare professionals.

I mean I would say it's evolved just because we've known each other for so long and he's worked with me through so many different trials and tribulations and life changes, that it's a deeper relationship than with somebody who you see once a year for a follow up visit kind of a thing. He's always been the same professional, well, he keeps learning though. Because he knows I keep coming back...

This meaningful healthcare relationship was able to evolve through years of getting to know each other. Additionally, while the participant expressed that the relationship has already evolved into a very positive one, it continues to evolve. Another participant agreed that relationships with healthcare professionals take time to develop and grow.

I think it was more of a gradual thing, it was, there wasn't any moment of “This is a great human being and I will trust everything he has to say”. It was just over the course of many, many meetings because I have seen that guy a lot of times.

The participant mentioned that not only time, but frequency of sessions with the healthcare professional was important to the relationship developing into a positive one. Through the frequency of meeting with the healthcare professional, he was able to develop trust.

Family component. A family component was present in each relationship. It was evident that family members or friends were present during interactions with healthcare professionals through statements such as “my parents were with me pretty much all the time,” “my whole family goes through him,” and “I was with my husband.” Among the participants, there was an appreciation for healthcare professionals who included important people in participants’ lives, whether it be family or friends, in decision making and treatment.

Environment.

Meaningful relationships took place in a variety of environments, either physical or emotional. Participants expressed that the environment sometimes impacted the relationship in positive and negative ways. Healthcare relationships were influenced by the accessibility or inaccessibility of facilities, crowded waiting rooms, extended travel times, and negative emotional environments leading to conflicting behaviors of professionals.

Physical environment. The physical environment profoundly impacted one participant’s ability to initiate and maintain relationships. The physical aspects of the environment altered her decision to use healthcare locations and also continue to seek care from certain healthcare professionals.

Uneven sidewalks are like the worst. You know the cracks or the, you know, it’s tilted sideways. Those are the [worst] so like when I’ve had to be in places, like the orthodontist that I probably should use for my son, I am not going to use because it’s going to be awful for me to get in and out of that building. I could do it but it’s stressful! It’s a fall risk or whatever, you know, so I likely won’t use that provider. I’ll go somewhere else just because there is better parking and it’s a little bit easier accessible building because I don’t want to deal with it.

This participant directly stated that she would prefer to use a certain orthodontist for her son. However, due to the inaccessibility of the building, she has to use a different location. This indicates that meaningful and preferred healthcare relationships can be challenged by the physical aspect of the environment. However, if the relationship is truly meaningful, physical barriers are insignificant, according to one of the participants.

I’ve figured out which building I should walk into and park at so I don’t have to walk as far to get to [the preferred healthcare professional] because where you think you’d park is the worst place to park as far as distance goes. So I’ve figured out how to take the elevators and go through the little hallways of the smaller annexes to get to the [healthcare facility] because I’ve been there for so long I’ve seen every [facility] expansion they’ve had. But those are the kinds of things I look at and I figure out and it is a big deal... Clearly, I could easily go to the [healthcare professional] right down here... but I won’t. I will drive from here.... I’m still going past my house because I will gladly drive that half an hour because I know the facility, I know him, and I don’t need to deal with everything else.

The participant expressed that although she has to overcome many barriers in the physical environment, she is willing to endure these obstacles to maintain her current meaningful relationship. This indicates that the relationship is different from any other healthcare relationship and has significantly impacted the participant in a powerful way. Similarly, other participants have endured similar obstacles in order to sustain meaningful relationships.

His waiting room is a mad house a lot of the time. It’s a pretty big waiting room and there aren’t many [healthcare professionals] working in that building and it’s not like the [healthcare professionals] there are interchangeable. Somebody that’s coming for [preferred healthcare professional] would not want to see one of the other [professionals], so they do have a hard time getting to all the patients in time. It’s a very packed house...I legitimately look forward to waiting in his office for four hours to see him.

This participant described the waiting room for the preferred healthcare professional as a “madhouse”. He has to wait extended periods of time to see a healthcare professional. However, his relationship is so meaningful that he still looks forward to meeting with the professional.

Emotional environment. The emotional context of a healthcare facility had an impact on one participant, specifically. She contrasted the environments of an intensive care unit (ICU) and a rehabilitation hospital. This participant mentioned that during her stay in the ICU, she felt as though the nurses were colder and were not as open with developing a relationship with the clients.

In the ICU, I was surrounded by people who were, a lot of them were just dying and you could kind of pick that up from the nurses' attitudes. I think a lot of them kind of had shut off so they weren't able to really connect to these really sad stories. And one time a person who was in the room next to me died and that was just a really somber place and where I was in my illness, that was the lowest that I was, so it was just more of, the lowest part for me, it was just kind of survival mode, whereas in the rehab hospital it was more like all the therapists were so positive and they just seemed so happy all the time and it was just a lot more hopeful and maybe that's just because I had already been improving, but I think it was mostly their attitude. There's constantly new things that I was able to do that they were really impressed by or that they were just really supportive of and it was just a much more hopeful environment.

In this participant's recollection of her meaningful healthcare relationships, she specifically mentioned a negative experience with a nurse that she encountered in the ICU. This nurse would come in and the participant occasionally felt uncomfortable around the nurse. She mentioned that the nurse was unfriendly and would just come into her room and do what had to be done and leave. The participant indicated that this may have been the inherent nature of the environment that they were exposed to on a daily basis. Being in an environment in which there were other very sick clients and death was frequent created negative emotions in some of the healthcare professionals. The participant indicated this may have had an impact on the ability to form a meaningful relationship with the healthcare professionals.

Another example of the impact that the physical and emotional environment had on the healthcare experience was expressed by one participant. He mentioned that he has had to wait up to four hours in the waiting room for the specialist with whom he has developed a meaningful relationship.

And I will say the long wait, it's the three or four hour wait sometimes, most of the time actually, on a good day it's two hours. I'd say that the waiting room does impact the whole experience. A lot of the time when we're sitting there, we're kind of expecting this. We know every time we go there's going to be a long wait. I bring my headphones, I take a nap, I bring a book, I bring some things to do. A lot of the time, people going for the first or second time don't really expect this. They think that they're going to come at ten thirty and get into their eleven o'clock appointment [on time] which never happens. So I'd say a big influence of that room would be all of the genuinely upset people that are getting mad at the staff. You would not believe how many grown people would get up in the middle of the waiting room and start yelling at nurses and healthcare professionals because the doctors aren't being quick enough... I can understand their frustration. You come for your eleven o'clock appointment and wait there until two or three o'clock to get in and you didn't bring anything with you to get accomplished or you had something later in the day. I understand where they're coming from but that's the biggest part of the waiting room [that] I'd say affects the healthcare experience. It would be all of those people.

With this example provided by this participant, he indicated that the emotional environment of the waiting room had an impact on the overall healthcare experience. It is indicated that the crowded waiting room had a negative impact on the emotional environment. Although he has had to wait a few hours to see this healthcare professional in a waiting room with angry clients, he is still willing to endure this negative emotional environment to see the specialist with whom he has developed a meaningful relationship.

Self-Advocacy.

It was evident that all of the participants engaged in self-advocacy. It was important for participants to feel empowered and that healthcare professionals recognized that the participants had something to contribute to the process of treatment. Through the stories told during the interviews, it appeared that the clients felt that self-advocacy was an important component of the establishment of a meaningful healthcare relationship.

I think that by being your own advocate, you are going to get better outcomes, by being knowledgeable [about your care]... writing down questions for a [healthcare professional] because you go in there and you get all discombobulated when they're talking.

This participant emphasized the importance of coming to appointments with questions for the healthcare professional. He feels at times that professionals provide a plethora of information and people become overwhelmed and forget to ask their own questions. This participant also stated that people can be advocates for themselves by being knowledgeable about their diagnosis and researching important

information about it. When clients advocate for themselves through asking questions and doing their own research, they can be active members of the treatment process. Although many of the participants valued self-advocacy or demonstrated self-advocacy through their stories, the researchers recognize that there may be clients that prefer to look to their professionals as a guide and for them to lead treatment. While some of the participants in this study spoke explicitly or implicitly about self-advocacy, they also viewed the professional as the expert.

In Comparison: Challenging Relationships

This study also examined the differences between positive and negative experiences in healthcare. All participants were asked to provide examples of negative experiences in healthcare that were in contrast to their meaningful experiences. All participants could clearly and without hesitation, articulate situations in which they experienced challenging relationships. Participants talked about a variety of different healthcare professionals when speaking about negative experiences. Many times, the participants would indicate that the healthcare relationship was negative due to the lack of certain valued qualities, such as conveying respect, being non-judgmental, taking their time, and providing the correct diagnosis.

There was a nurse who was... we didn't like her at all, but she was just like very rough when she was handling me and she would come in and do what she needed to do, flip me over, and I had a lot of pain... but I couldn't be like "Ow, that hurts" [due to the inability to speak] so it was just her attitude towards that, so... then we requested to not have her...it was like to the point that with all the bedpan stuff... my parents alternated staying nights there and both were there during the day, but even if my dad was staying there that night and she was the nurse and she came in to change me and stuff, I would be like "Dad, don't leave the room," because I felt without an adult or one of my parents in the room, they kind of did whatever they want, not like abuse me but they weren't held accountable for what they were doing because they knew that I couldn't really tell them what had happened so having one of my parents in the room was very important for nurses, her and a couple other ones who were like that because they were held more accountable for what they did.

This participant told the story of a nurse that she encountered during her stay in the hospital. This particular nurse was not gentle with the participant when she was positioning her in her bed and the participant did not feel comfortable being left alone with the nurse because she felt that the nurse was not held accountable for what she was doing. The participant was unable to voice her concerns to the nurse or tell her that she was in pain due her inability to speak. This participant does not directly state it, but it is suggested that the participant did not feel respected by the nurse, which made it difficult to form a meaningful connection with her. Additionally, instead of providing a caring response, the nurse might have been more concerned with getting through her responsibilities. Another participant also experienced situations in which healthcare professionals lacked respect for her and her needs.

There's been instances where if I'm with someone else, like if I was with my husband or if I was with my parents, the physicians would talk to them but it's me, you know. I'm the patient... But you know, HELLO! This is between you and I. So yeah, there would definitely be instances where I would say that people would talk to the *other* person, whoever that was with me at the time as opposed to me. But then I quickly speak up and that either ends or we don't continue a relationship because *I'm* the patient and I want you to talk to me.

This participant also spoke about negative healthcare experiences that could be interpreted as the healthcare professional having a lack of respect for her. Due to the symptoms associated with the participant's particular diagnosis, some healthcare professionals made assumptions about her autonomy and intellectual capabilities although she was exceptionally competent. Due to these assumptions perceived by the participant, the healthcare professionals conveyed a lack of respect for the participant. Like other participants, this participant values when healthcare professionals make efforts to include her in decision making. Not only is it important for healthcare professionals to make sure they convey respect, but it is equally important for them to practice empathy and be non-judgmental.

I'd say the first thing that comes to mind, just when I was younger, how [I] was overweight, like our family doctor at the time, I just kind of felt that he always sort of honed in on that. And I think that might have just been a generational thing because now, you know, now we encourage young kids to get up and move and exercise, whereas you know, when I was young, they didn't really, it was always "Well, you have to stop eating junk food." It wasn't really about being active, so I

think that kind of made me feel self-conscious just at a young age, so that's, that's what comes into my mind.

In this example, this participant speaks about her previous relationship with the pediatrician she saw as a child. This particular healthcare professional would comment on the participant's weight in a harsh way. He would make comments that would negatively impact her self-esteem and make her feel bad about herself. Based on the participant's story, it appeared as though the healthcare professional lacked the ability to be empathetic towards the participant and passed judgement about the participant's weight which impacted the relationship in a negative way. Similarly, another participant provided an example of a challenging healthcare relationship in which the professional lacked empathy and used humor in a negative way.

I have to check my muscle strength as part of the testing... so, you know, a lot of times I would push against his arm or he would push against my leg or something like that. He'd say push/pull that kind of thing. I remember he was quite strong and he liked to bust my chops because he was a little bit stronger than me at the time and he would basically arm wrestle me. It was quick but it was just enough to make me feel defeated because I was weaker than an 80 year old man. It was one of those things that I wanted to find funny because you know I'm usually pretty easy going but you know I did not want my weakness to be made fun of by my doctor.

In this situation, the participant felt as though his doctor was mocking him which was something that he said could have been meant to be a joke, but he did not take it that way. This action taken by the professional made the participant feel defeated. Not only was it important to practice empathy, but it was also important for healthcare professionals to take the time to be understanding and truly figure out the root of participants' concerns. A different participant provides an example of when professionals neglected to provide an adequate caring response in order to treat the participant's medical issue in a timely fashion.

When I did hurt [myself], I went to the emergency room and they said, "You look like you're fine, you didn't dislocate it or anything." And they took an x-ray and that was pretty much it. And then, I went back for like, physical therapy and... after a couple sessions was like, "Yeah, you're fine to run, do whatever." So I was running, running, running, running, and still fine. I was like, "Okay, I'm running, [my leg] must be alright," but it was still really swollen and I couldn't like bend right or do a whole bunch of stuff and I was like, "this didn't seem right". So, eventually when I came back home, I was like, alright. I can't do this anymore. I need to have this checked out. Because it is still swollen and it's still not what it used to be so there must be something wrong. So, I guess that whole experience of them not really taking time to actually figure out if there was something wrong was kind of a bad experience.

This participant discussed when healthcare professionals did not take the time to truly figure out what was wrong. The healthcare professionals told her that nothing was wrong when something truly was wrong. In this particular example, the healthcare professionals made an incorrect diagnosis, ultimately causing more injury to the participant by delaying her care. Neglecting to take time to provide a correct diagnosis and prescribing the wrong treatment resulted in a negative experience for this participant. Another participant had a similar negative experience in which healthcare professionals neglected to listen to her, ultimately delaying her care and making her condition worse.

They didn't understand... like I don't know why I never asked for an MRI. I didn't have the strength to kick the ball anymore, like it got to a point that I couldn't. There was definitely some nerve damage going on, but they did not do anything. And all they would do every time I came back was, I think I got three X-rays, so they referred me to a chiropractor, which actually helped me more than any of those doctors. So, I would go to the chiropractor and everything. He was very nice, but I knew there was something else wrong and it kept getting worse and worse and they put me on steroids so I could finish the season, didn't help with the pain, I just gained a lot of weight and I was so moody but I was also pissed that that didn't really help... and I said "There is something wrong. I know there is something wrong" And they were like, "No, this is what you have wrong. You have [previous diagnosis]" And I'm like "No, it's not. There is..." I know, and I understand that if it was just [diagnosis] it wouldn't be that big of a deal because it's not like I have a really bad one, I know that, that's why I played my whole entire life, but now it's a different pain. And they wouldn't do anything, refused to ask for an MRI and, then I went home [different country] and got a MRI done and they found out what was wrong.

In this case, the participant had a pre-existing condition that the healthcare professionals attributed to her discomfort and lack of strength. After telling the healthcare professionals that this was different than what she experienced with this condition in the past, the healthcare professionals would not listen to the participant's concerns and would not get her more extensive tests to see if there was another condition impacting her performance. The participant goes on to explain that the healthcare professionals delayed her care for so long that she incurred a very severe condition which impacted her ability to ever play her favorite sport again. She feels that if she received adequate care when she initially made complaints about her pain, she might have been able to continue to engage in valued occupations such as sports. It appears important to the researchers that healthcare professionals truly listen to clients in order to provide accurate and timely diagnoses and treatment.

Some participants also indicated that challenging healthcare relationships were due to personality differences or a lack of a certain connection between the participant and the professional.

It's just like super shallow small talk. I don't know, it just didn't feel very natural. It felt kind of forced, the activities we were doing seemed really boring to me, and it was, it felt like with them it was kind of like doing whatever they did with the other patients who weren't like me (laughs), were like 70 years old, and they were just like, "Okay, let's lift some weights now, [for] 15 minutes or whatever, you know, I'll come back and check on you." And they were nice and I'm sure... the activities would have helped me but it just wasn't as fun or as, we didn't connect on quite a personal level, if that makes sense.

In this particular example, a participant referred to a challenging relationship with a therapist who worked with her when her usual therapist was absent. The participant indicated that she had difficulty developing a meaningful relationship with this particular healthcare professionals due to the lack of a connection between the two of them. When interacting with each other, their conversations did not seem natural but seemed forced. Additionally, it appeared that the healthcare professional did not tailor treatment to meet the client's needs. See Appendix B for a complete list of patient responses.

Summary

There were several qualities present in the meaningful relationships throughout all of the participants' interviews. These qualities included knowledge and competency, respect, truly knowing clients, going above and beyond job requirements, engaging in holistic practice, incorporating aspects of the client's life into treatment, and providing emotional support and comfort. Additionally, although not explicitly stated by all participants, facilitating the evolution of relationships, acknowledging family, and aspects of the physical and emotional environment were also important when facilitating meaningful relationships. All participants were able to clearly articulate a specific healthcare relationship that had a profound impact on their healthcare experience. The relationship was so profound that it appeared that the participants had an extreme affinity and appreciation for these identified healthcare professionals. It also appears that part of the reason the healthcare relationships were so meaningful was due to the healthcare professional's ability to help the participants through a difficult time in their life. The focus of care is not only on the healthcare concern, but also the impact that condition has on the participant's real-life roles and routines.

Among and between the participants' interviews, it became clear to the researchers that all participants were speaking about healthcare professionals who helped them through major life events. This ranged from the onset and rehabilitation of debilitating, chronic disabilities to realizing that their children had serious medical conditions. In these situations, participants were faced with challenges in work, education, and health-related occupations, raising children, maintaining a job, providing basic self-care, and resuming life roles. The above stated themes were present in these relationships and, from the way the participants spoke highly of the healthcare professionals, it was suggested that they were crucial for the participants when getting through these difficult times. Figure 2 represents how the themes are working together for participants to help them with these major life events.

The sweeping theme across the stories that were shared by the participants is that the healthcare professional *got the participants through a major life event*. Each of the themes act as a piece of this big picture. When all of these qualities were present, this all-embracing theme was realized and, together, the healthcare professional and the participant traversed whatever trial was present and they got through the major life event.

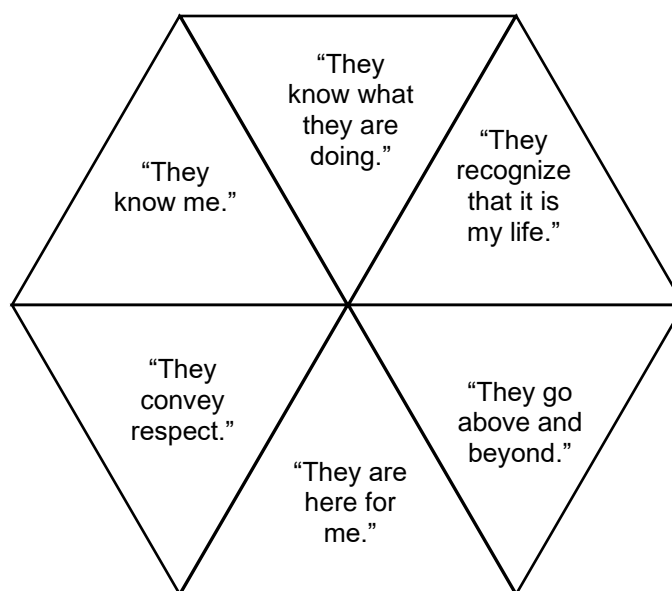


Figure 2. *Helping Clients Get Through A Major Life Event*

However, based on the participant's descriptions of professional relationships that were not meaningful, when one of these themes were missing, the relationship faltered and was difficult or even impossible to maintain. Participants were also able to articulate these challenging relationships where professionals were unable to help participants get through difficult times or meet their needs. Participants were able to highlight important values that were missing from these relationships and how this impacted their healthcare experiences and their overall perception of care.

Discussion

Valued Attributes of Healthcare Relationships: A Comparison of the Literature

The results of the study are congruent with many of the findings already present in existing literature. In terms of "*They know what they are doing*", several studies emphasized similar ideas. In the present study, "*They know what they are doing*" was derived from professional's ability to provide knowledge and show competency. Similarly, Shattell, Starr, and Thomas (2007) discovered that clients desired to be treated by healthcare professionals who could help them solve problems or come to solutions about their health and major life obstacles by utilizing adequate knowledge and resources. Additionally, DeStefano, Mann-Feder, and Gazzola (2010) found that when a healthcare professional had exceptional technical skills, the client was more likely to benefit from their interactions and the relationship.

Participants of this study mentioned that they were appreciative of healthcare professionals who displayed competence and used it to make a true difference. Due to the congruencies among existing literature and the current study, it is suggested that this aspect of healthcare relationships is important to clients. While both age groups placed value on the knowledge and competency of the healthcare professional, what is notable in the present study is that participants within the older age group placed more emphasis on the knowledge of the healthcare professionals, whereas, younger participants placed more value on the preferred dynamics of the relationship.

Concepts gleaned from the theme "*They know me*" are also apparent throughout existing literature. The theme "*They know me*" symbolizes a professional's ability to treat clients as important individuals with unique interests and needs. Shattell et al. (2007) also found that knowing individuals as people, not just numbers or diagnoses was important. Additionally, Greenfield et al. (2014) conducted a study to investigate patients' perspectives of person-centered care in the region of Northwest London. The study resulted in the theme *Naming: I want to be acknowledged as a unique, respected, equal person*. Greenfield et al. (2014) found that participants desired to be considered as unique, not just any number on a chart, and to be treated with dignity. In another study, Buxton and Sneathen (2013) investigated obese women's perceptions of healthcare and found that the women appreciated when they were acknowledged as people and not just numbers on charts. These women felt that healthcare professionals were unable to provide the best care unless they took the time to get to know them. Existing literature indicates that it may be important for professionals to truly understand who clients are and treat them as individuals instead of cases or files. It is unclear, however, from the results of the current study as to what this actually means or to what extent the healthcare professional needs to get to know the client for the meaningful relationship to be acknowledged.

Beyond recognizing the unique interest and needs of clients, DeStefano et al. (2010) discovered that it was important for healthcare professionals to provide respect to clients. Buxton and Snethen (2013) also found that participants were better able to trust their respective healthcare professionals when they provided respect to them. The present study developed a similar theme of “*They convey respect*” that highlighted specific ways respect was conveyed by the professional and perceived by the participant. This congruence demonstrates the importance of respecting clients in the healthcare context; however, it is unclear from the results of this study what actually contributed to the development of respect.

The present study developed the theme “*They go above and beyond*” to acknowledge participants’ experiences of healthcare professionals who went above and beyond by doing things that were not necessarily required of them. Similar findings were provided by Shattell et al. (2007) when it was described that participants appreciated when healthcare professionals took additional time for clients. Additional time was displayed in a variety of ways from investing time and energy getting to know the client to not rushing during treatment sessions. Taking additional time showed clients that the healthcare professionals were willing to go above and beyond what was required of them and is indicative of an important and crucial aspect of meaningful relationships in healthcare. Shattell et al. (2007) discovered that going above and beyond was represented when clients indicated that healthcare professionals made them feel special. This was demonstrated by surpassing the usual or common practices of healthcare professionals by taking actions such as checking up on clients at home when they are not necessarily required to do so.

Greenfield et al. (2014) identified a theme in their study titled *Holism: I want to be treated as a whole person*. This is described as the healthcare professional’s ability to “see” the client aside from their medical diagnosis and consider their whole life including their physical and emotional needs. The researchers of this study feel that this theme is very similar to the identified theme “*They recognize that it’s my life*” because participants acknowledged and appreciated healthcare professionals who remembered that an individual’s health is only one aspect of their life. Considering the whole client and not only one aspect of their health could aid in developing a positive healthcare relationship. “*They are here for me*” was another theme that was developed from participants in the present study because they wanted to feel as though the healthcare professionals were supportive and were there if the participant needed help. Shattell et al. (2007) found that participants appreciated when they felt as though they were understood. This was demonstrated when they felt as though the healthcare professional was caring. Both of these themes revolve around the idea that the healthcare professional showed a genuine concern for the client and their well-being; however, the results of the current study indicate a different level of care in which the professional was accessible, available, caring and knowledgeable.

Person-centered care. The researchers discovered that Greenfield et al.’s (2014) “Wake up, wake up! It’s me! It’s my life! Patient narratives on person-centeredness in the integrated care context: a qualitative study” complements the present study in several ways and while there were explicit similarities, there are also key differences. The intent of the study by Greenfield et al. (2014) was to discern what aspects of healthcare were most important to patients, what aspects of healthcare could be improved, and what were the best and worst aspects of their care (p.4). The present study directly inquired about clients’ views on meaningful healthcare relationships. As a result, the entirety of the interviews were spent discussing components of healthcare relationships and sharing experiences where the relationships were both meaningful and challenging. Despite the two studies having completely different intents both came to similar conclusions about the value and desire of clients to engage in meaningful healthcare relationships. This indicated to the researchers that meaningful relationships are important to a positive experience in healthcare.

What makes the current study unique? The findings of this study add valuable components to the existing literature about healthcare relationships.

The current study was unique in that the participants had meaningful relationships in a variety of healthcare contexts including, psychiatric facilities, rehabilitation, cardiac care, specialty services, skilled nursing, pediatrics, primary care, and acute hospitalization and with a variety of healthcare practitioners. In contrast, Greenfield et al. (2014) selected participants who were diagnosed with diabetes and/or people over 75 years old and who had engaged in outpatient services with primary care physicians.

It was evident to the researchers in the present study that all of the participants engaged in some level of self-advocacy and the researchers felt that it was an important component of a meaningful healthcare relationship. It was important for participants to feel empowered and that they were recognized as having something to contribute to the process of treatment. Although many of the participants also valued collaboration within the meaningful relationship, this was not articulated by all of the participants. While Greenfield et al. (2014) identified the importance of having meaningful healthcare relationships, the authors also identified a lack of self-advocacy and participants taking a more passive role in their health. They described most participants as lacking agency and empowerment (Greenfield et al., 2014, p.7) and relied on the healthcare professionals to tell them what decisions to make and to lead treatment.

Getting Through a Major Life Event

The overarching theme of this study was *getting through a major life event*. It was acknowledged that all participants were experiencing or had experienced major life events and their respective healthcare professionals were recognized as assisting them through that time. It is unclear to the researchers whether the participants had such a profound experience with the healthcare professional because of the professional's ability to get them through the major life event or purely the engagement in a relationship with the professional. From the results of the study, the researchers noted that the healthcare relationship was dynamic and evolving. Each of the participants in the study mentioned that their relationships became meaningful over time; however, the researchers were unable to identify when the relationship moved to a meaningful one or when and if there were any 'tipping points' that contributed in the changed relationship. Participants were able to share stories of the meaningful relationships and would indicate significant events that occurred within those relationships such as providing a correct diagnosis, implementing successful interventions, demonstrating compassion, and providing important and timely information. Although no participant specified when this change occurred, the researchers believe that it may be possible that a helpful response during a major life event acted as the tipping point. The results may indicate that a major life event acted as a catalyst in the development of a meaningful healthcare relationship.

The researchers came to the conclusion that there was something special about these healthcare professionals that allowed them to be such a significant individual in the participant's life during that difficult time. The researchers wondered what made them so special. Did the healthcare professional have these meaningful relationships with all clients? Or only with a select few? Was the healthcare professional even aware that he or she was having this meaningful effect on the participant? Did these healthcare professionals acquire these skills or were these skills innate to them as unique individuals? Are their actions a reflection of their own personal experiences with healthcare? And was time a requirement for the relationship to evolve?

The researchers went back to the literature and looked in a variety of databases using a variety of search terms to discover if there was anything specific about major life events and healthcare and found nothing to support this idea and if they could find what this "something" quality of the practitioner was. Despite extensive search using a variety of search terms within a variety of databases, the answers to these questions were not discovered.

Implications for Occupational Therapy Practice

The researchers feel that this study has implications for occupational therapy practice. The participants identified a variety of healthcare practitioners in which they had meaningful healthcare relationships with, including occupational therapists, and articulated how they perceived those relationships. The results could be considered helpful in further understanding elements of therapeutic use of self within occupational therapy. The *Occupational Therapy Practice Framework- Third edition (OTPF-III)* highlights the importance of therapeutic use of self in the occupational therapy process. In the OTPF-III, it is highlighted that occupational therapy practitioners can develop therapeutic relationships with clients by using empathy, open communication, and a collaborative approach to treatment, which allows for the development of an emotional connection with clients. Establishing emotional connections with clients can aid an occupational therapy practitioner in helping clients through their current life situations. The current study also found that relationships were deemed meaningful by participants when healthcare professionals were able to get them through a major life event. However, the researchers discovered that there are several components involved in helping clients through these events and include but are not limited to empathy, open communication, and collaboration. In the present study, it was important to all participants, that professionals demonstrated knowledge and competency, recognized that the client had a say in their own care, went above and beyond, supported the client, conveyed respect, and knew the client on a more personal level. Additionally, while all clients preferred these aspects of meaningful healthcare relationships, it seemed important that healthcare professionals truly knew the participants and recognized their unique needs and abilities to contribute to treatment. The present study highlights how truly complex and dynamic meaningful healthcare relationships are. If occupational therapists are better able to understand the complexities of relationships with clients, they may be better able to apply the approach of therapeutic use of self in everyday practice.

Limitations

There were some limitations to our study. One of the limitations was in the use of purposive, convenience sampling. Also, variance in the responses of participants may have occurred due to the inherent qualities of the semi-structured interview format. Although researchers had a list of guiding questions, due to the nature and flow of the semi-structured interviews, questions may have differed among researchers and between interviews. Participant bias may be considered a potential limitation, as well. All participants appeared to be advocates for themselves, therefore, their responses may differ from client who may prefer a more passive role in healthcare. The use of the word "meaningful" on our recruitment materials resulted in all participants sharing profound experiences with healthcare professionals. Individuals who have less profound experiences in healthcare may not consider their

relationships to be as meaningful and therefore, might have been less likely to volunteer for our study. We believe this could have been related to the subjective and varying thoughts on the definition of meaningful.

Future Research Considerations

The researchers chose to focus on healthcare more broadly by including relationships from a variety of disciplines with anticipation that it would be difficult to recruit participants that solely received occupational therapy services. It would be interesting to conduct a study focusing on the meaningful healthcare relationships between clients and occupational therapy practitioners. This may contribute to a deeper understanding of therapeutic use of self and contribute to occupational therapy practice. Additional future research might examine individuals within a treatment dyad and assess how the relationship is perceived with one another. Exploring both sides of the relationship, client and practitioner, may contribute to a greater understanding of a meaningful healthcare relationship and what each party contributes to that relationship. The researchers also feel that it would be interesting to look at the theme of “Getting through a major life event.” Further research could be done to discover if participants truly valued the healthcare relationship or placed more emphasis on and valued that the healthcare professional guided them through a major life event. Ultimately, the significance of a meaningful healthcare relationship needs to be investigated in partnership with service delivery and health outcomes.

Conclusion

The aim of this study was to discover client’s perspectives of meaningful healthcare relationships and significant factors that contribute to that. Through semi-structured interviews with eight participants and analysis of those interviews, researchers discovered six themes, one overarching theme, and additional significant information about what makes a healthcare relationship meaningful. It is important for healthcare professionals to be aware of how clients perceive the meaningful relationship and understand the potential impact that the relationship has on care delivery and health outcomes. Professionals should take into consideration how all factors, both internal and external, impact the healthcare relationship. Future research should be conducted to fully understand how the meaningful relationships are developed, how they evolve and how they might impact healthcare.

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