The Nature of the Patient-Herbalist Relationship

This report is submitted in fulfilment of the requirements of the Scottish School of Herbal Medicine and the University of Wales for the award of: MSc in Herbal Medicine.

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ABSTRACT

Background: The patient-practitioner relationship is an essential element, which influences key factors that affect health outcomes. Many different types of therapeutic relationships have been explored; however, the patient-herbalist relationship has not been studied before.

Purpose/Objectives: The purpose of this study is to explore patients' and herbalists' perceptions of what constitutes an ideal patient-herbalist relationship, including factors that enhance it or make it more difficult to achieve.

Methods: Data were collected via five semi-structured interviews with purposefully selected herbalists and ten with patients. The interviews were transcribed verbatim into written text and entered into a qualitative software program (Nvivo) for coding and analysis. Codes were established by two coders independently, through an iterative process to confirm/disconfirm themes that emerged. Analysis was performed throughout the data collection period allowing for necessary revisions as new issues emerged.

Findings: The relationship between herbalists and patients can best be described as a connected relationship. The caring and kind behaviour of the herbalists, as well as the helping intensions, and the creation of a healing environment facilitate the creation of this connection. Additionally, the characteristics of particular patients seem to facilitate development of this relationship. The key difference between herbalists' relationships with their patients compared to relationships patients develop with other health care practitioners also seems to be related to this connection theme such as lack of time spent with patients, patients' sense of not being listened to, as well as the environment.

Conclusion: The nature of the relationship between herbalists and their patients can best be expressed as a connected relationship, which was described as very different to other therapeutic relationships. This study has provided a new patient-practitioner relationship model, the Connective Model, that can be used to explore how best to facilitate a connected relationship and to investigate its impact on patient outcomes.

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INTRODUCTION

Researchers have suggested that the patient-practitioner relationship is an essential element, which influences key factors that affect health outcomes such as complication rates and healthcare costs (Huffman, 2005; Miller et al., 1997; Playle et al., 2001). There has been a significant amount of research studying the patient-physician relationship but other patient-practitioner relationship study is lacking. The absence of research is particularly relevant considering that it is the quality of these relationships between complementary and alternative medicine (CAM) practitioners and their patients that researchers have suggested is an essential factor in the explanation of why individuals seek out CAM therapies (Richardson, 2004; Furnham & Vincent, 2000).

The purpose of this study is to examine herbalists' and patients' perspectives of the relationships that they have experienced. This report will include sections on the objectives and significance of the study, a review of the therapeutic relationship literature, a methodology section outlining the design and methods used, an in-depth look at the results as well as a discussion focusing on the uniqueness of the relationship that has emerged from this study. Additionally, a new framework will be suggested that is reflective of this unique ideal relationship in order to assist herbalists in being able to develop a similar therapeutic relationship with their patients.

Objectives of study

i To explore herbalists' perceptions of what constitutes an ideal patient-herbalist relationship, including factors that enhance it or make it more difficult to achieve;

ii To explore patients' perceptions of what constitutes an ideal patient-herbalist relationship, and how patients think it may affect their outcome of care.

Significance and Impact

The data generated from this study provide insights that can be used by herbalists and educators of herbal medicine to improve the therapeutic relationship, thereby further improving the effectiveness of the herbal medicine consultation. The findings of this study may also be useful for other healthcare practitioners seeking to improve and enhance their relationships with their patients.

BACKGROUND

CAM and Patient-Practitioner Relationship

The background for this study will include a review of the current environment surrounding complementary and alternative medicine (CAM) and how aspects of the patient-practitioner relationship may be related to why people choose to visit a CAM provider. This will be followed by a brief introduction to herbal medicine and a review of the literature on the therapeutic relationship with its relevance to the herbal medicine practice.

Visits to CAM providers have continued to increase with 20% of Canadians having used some type of CAM in 2003 (Park, 2005). It has been suggested that one reason for this increase is a public interested in more holistic forms of healthcare (Quinn, 2000). Holistic healthcare has been defined as one where the philosophical orientations toward health include a mind-body-spirit approach that promotes health in contrast to a reductionistic model that focuses on curing specific diseases (Quinn, 2000; Hoffmann, 1993). One study concluded that the current healthcare model focuses on the task of curing rather than the interpersonal relationship (Williams, 1997). Patients that seek CAM therapies like herbal medicine may be looking for more “personalized medicine.”

Researchers have suggested that people may be seeking CAM (including herbal medicine) partially because of perceived poor relationships between patients and conventional practitioners (Furnham & Vincent, 2000). Some of the reasons why patients choose CAM therapies are listed in T**able I**. Specifically with respect to the therapeutic relationship, factors such as poor patient-physician communication, partnership roles, self-care emphasis, as well as the emotional aspects of hope, reassurance, explanations, empathy, advice, respect, and understanding appear to be particularly relevant to why patients choose to use CAM. CAM practitioners may be able to address these needs by developing effective patient-practitioner relationships and by treating individuals based upon their perceptions and wishes (Richardson, 2004; Furnham & Vincent, 2000).

Table I – Reason for Patients Choosing CAM

- Ineffectiveness of orthodox medicine
- Positive valuation of complementary therapies
- Concern over adverse reactions
- Poor patient-physician communication
- Increasing availability of complementary therapies
- Fear of iatrogenic diseases
- Restoring people to productivity
- Attracted to the ideologies that fit the spirit of the times:
- Various rights movements
- Partnership/active consumer role
- Holistic medicine movement
- Self-care emphasises
- Distrust in orthodox medicine
- Looking for:
  - Hope
  - Reassurance
  - Explanations
  - Empathy
  - Advice
  - Respect
  - Understanding

(Richardson, 2004; Furnham & Vincent, 2000)

Furnham and Vincent (2000) point out that CAM patients are not a homogeneous group but appear to be health conscious people that are taking responsibility for their health. CAM patients report feeling that their expectations are met when they are treated with empathy and understanding (Furnham and Vincent, 2000). Richardson (2004) suggests that CAM provides empathetic and individual understanding. Kelner (2000) argues that most CAM therapies require repeat visits, thus enabling the development of therapeutic relationships and possibly at a faster rate than with conventional practitioners. However, one study that compared the relationship and satisfaction levels between patient-physician relationships and patient-CAM practitioner relationships, reported that the experiences were more similar than different (Boon, et al., 2003).

Overall, there is a positive correlation between patients' perceptions of the caring relationship and their satisfaction levels with the care. One review found that the quality of the relationship between the patient and practitioner could affect many

aspects of care such as adherence, communication, and patient outcomes (Stewart et al., 1999). In the herbal medicine literature, it has been suggested that it is this interpersonal relationship that is the major link between curing alone and actually healing (Buhner, 2004; Hoffmann, 1993).

Herbal Medicine

Visits to herbalists accounted for 1% of all Canadian CAM visits in 2003 (Park, 2005). Herbal medicine embraces the pharmacological action, the spiritual connectedness, as well as the beauty of the plant. It recognizes that the "person is inseparable and irreducible and that the mind-body-spirit is not separate from the environment within which it is embedded because there is nothing within the universe that is not part of its undivided wholeness" (Quinn, 2000, p. 19; Hoffmann, 1993). The role of a herbalist is to facilitate a reconnection between patients and the earth because herbalists believe that nature provides people with all the resources necessary for life – i.e., food, shelter, resources of all kinds as well as spiritual and physical needs (Hoffmann, 1993). Herbalists believe that the parts of the whole are related to each other and healing is the emergence of a "right" relationship. Healing is dependant on the pattern of relationships among the elements of the whole (Quinn, 2000; Hoffmann, 1993). Herbalists work on the premise that all healing is self-healing as nature alone cures (Quinn, 2000). However, herbalists feel they can be a facilitator of this healing process and that the patient-herbalist relationship is a critical part of this process (Hoffmann, 1993; Buhner, 2004).

The Therapeutic Relationship

Healthcare providers all around the world have been trying to understand the therapeutic relationship. For example, patient-physician relationships have been studied in hopes to increase patient concordance[1]; pharmaceutical companies have studied the therapeutic relationship as it affects drug usage; and patient-nurse relationships have been studied to increase the quality of care in hospitals (Vermeire

[1] Marinker and Shaw (2003) describe concordance as: "an agreement between a patient and a health-care professional about whether, when, and how medicines are to be taken" (p. 348).

et al., 2001). Additionally, the therapeutic relationship with regards to CAM has been studied to enhance the understanding of why people turn to CAM (Astin, 1998).

Budd and Sharma (1994, pg. 7) argue that the patient-practitioner encounter is a personal process described as one that may involve "self-understanding, coming to terms with one's condition, arriving at appropriate decisions, etc., with the patients themselves, not just their bodies, is transformed." They suggest that the healing process has many components and that no one has the right to decide for a patient how a cured is to be achieved, thus realizing the "limitations of the healing art itself."

Various patient-practitioner models have been explored as well as how the relationship affects the outcome of care (Glass 1996; Kelner 2000; Huffman 2005). Although the therapeutic relationship has been identified as a key reason for the increase in visits to CAM healthcare practitioners, (Richardson, 2004; Furnham & Vincent, 2000), unfortunately, there is no literature on the patient-herbalist relationship. As a result, the literature reviewed here focuses on more general patient-practitioner relationships with the majority being on patient-physician relationships.

Patient-Physician Relationships

Although there has been no research studying the therapeutic relationship specifically with regards to herbal medicine, it could be argued that studies of the therapeutic relationship with other health care practitioners will provide some insight into the development of a relationship model involving herbalists and their patients because all these relationships are supposed to be healing collaboration. Therefore, it is important to review the literature on patient-physician relationships for guidance.

The nature of the patient-practitioner relationship has changed enormously over the past 50 years and has been described and defined in various ways. The relationships vary significantly ranging from an authoritarian physician to a more egalitarian one. In this report, two different researchers' summaries of the ways practitioner-patient interactions can be categorized are examined. Glass (1996) provides an overview of five patient-practitioner relationship models: the Paternalistic Model, Libertarian Model, Beneficence-In-Trust Model, Accommodation Model, and Psychodynamic Model. Kelner (2000) identifies three different patient-practitioner relationship models: the Paternalistic Model, the Shared

Decision Making and Consumerist Models. Huffman's (2005) description of partnering strategies is also explored because it provides additional information about the concept of patient control within a relationship with a healthcare provider, which appears to be an important dimension used to distinguish different types of patient-practitioner relationship models.

Glass' (**Table II**) overview of five patient-practitioner relationship models highlights how the extent of influence and decision making involvement for both physicians and patients differentiates the different models. The first is the Paternalistic Model in which the physician is the authoritarian who makes all the decisions about what the health plan will be, thus the physician exerts total control over decision making. Glass describes this model as that of a parent-child interaction. This model describes the dominate type of relationship between patients and physicians which was common from Hippocrates and Plato's time until about 30 years ago (Wolf, cited in Glass 1996, p.888).

2) The Libertarian Model is different from the Paternalistic Model in that some patient autonomy and education is encouraged with a slight shifting of some control over decision making from the physician to the patient. For example, physicians in this model encourage patients to cooperate, and take the physicians' advice. This model Glass described as being analogous to a parent-adolescent interaction. This conceptualization of the patient-practitioner interaction has been around essentially since World War II (Engelhardt, cited in Glass 1996, p.891).

3) The Beneficence-In-Trust Model has been developing over the past 30 years and is based on the belief that the physician must accept the patient's view of the desired outcome and values. However, the mutual trust built in this type of relationship is viewed as lasting only as long as the illness exists (Pellegrino, cited in Glass 1996, p.891).

4) The Accommodation Model was first described by Siegler (1993). In this model, there is more respect for the patient with the goal of developing mutual understanding and involvement to determine the goals for the healthcare plan. This model reflects a shift from a completely paternalistic approach to significantly more patient participation. However, this model does not account for social and family aspects of the patient in the care plan.

5) The fifth and last model Glass looked at is the Psychodynamic Model. This

model focuses on the educational role of physician whilst encompassing the more emotional, psychosomatic and moral issues of the patient. It differs from the Accommodation model because it involves not only the patient and practitioner, but also includes family and societal input (Balint, citied in Glass 1996, p.891).

Glass suggests that in light of the changing social context of healthcare, practitioners must continue to act as the patients' advocates, thus educating patients as to what is appropriate care and responsibility in the use of social resources. He argues that the "essential" patient-physician relationship has not changed nor should it as physicians have a responsibility to society to ensure the responsible use of the healthcare system as well as responsibilities to understand and meet the patients' needs. Maintaining this balance between the patient and society is the goal, but this is only achievable with more primary care physicians along with the devotion of more time by individual physicians, the promotion of patient responsibility, and patient education. Educated patients, Glass suggests, means lowered healthcare costs because there will be an increase in patient health habits by means of more self-care. Glass argues that this help will resolve any potential perceived conflict between physicians making a decision based on what is best for the patient versus what is best for the healthcare system. Glass expects that as patients take more responsibility for themselves, they will rely to a lesser extent on the healthcare system.

Table II – Glass' Overview of Current Models of the Patient-Physician Relationship

Model	**Characteristics**
Paternalistic Model	• Physician authority; physicians accept responsibly for the appropriate use of healthcare resources.
Libertarian Model	• Encourages some patient autonomy through education and the encouragement of cooperation.
Beneficence-In-Trust	• Based on physician's understanding of the patient's view and values along with mutual trust, for the duration of the illness
Accommodation Model	• An evolving relationship between physician and patient with increased shifting from physician paternalism to patient autonomy but does not involve family and societal input
Psychodynamic Model	• Focus on the educational role of physician and including more emotional, psychosomatic and moral issues with family and societal input

(Glass, 1996)

Kelner (2000) has also examined three types of therapeutic relationships– the Paternalistic Model, the Shared Decision Making Model and the Consumerist Model **(Table III)**. The Paternalistic Model appears to be similar to Glass' (1996) Paternalistic Model. Kelner (2000) describes it as a medical dominance that overrides the choices of the patient and where doctor "owns" the experience. The Shared Decision Making Model appears to be an overlap of Glass' Beneficence-In-Trust Model and Accommodation Model whereby the physician seeks to understand the patient's view but the patient accepts the responsibility of carrying out the treatment plan (Kelner, 2000). The Consumerist Model is similar to the Psychodynamic Model because the patient chooses and the physician executes the plan. Physicians in this model are viewed primarily as service providers (Emmanuel & Emmanuel, 1992). Kelner (2000) suggested that most patient-practitioner relationships fall within the shared decision-making model and that the authority of physicians over patients and their healthcare decisions is diminishing over time. She also suggests that currently none of the models is ideal in meeting the needs of the healthcare system, patients, or physicians, and that modifications are required.

Table III –Overview of Three Therapeutic Relationship Models

Model	Description
Paternalistic Model	• Medical professional dominance • Physician can over ride choices of patient • Physician "own" the expertise
Shared Decision Making Model	• Physician assists patients to make treatment choices • Patient accepts the responsibility of carrying out the treatment
Consumerist Model	• Places decision firmly on patient/consumer • Physicians are viewed as service providers • Patient chooses and the physician executes the plan

(Kelner, 2000)

Huffman (2005) asserts that a partnering relationship permits the patient to be the focus of the plan of care because there is a mutual sharing of responsibility. Huffman proposed collaborating strategies to assist in enhancing the relationship in an effort to unite the patient and caregiver in an active role. Two strategies suggested are: patient/caregiver education and patient self-management. Patient/caregiver

education is described as a relationship where the caregiver provides simple, clear messages that are tailored to each patient specifically verifying that patient has understood them for successful patient education. Patient self-management is described as when the patient is actively involved in the care plan and recognizes the caregiver's strengths and priorities. Simultaneously, the caregiver understands the patient's perspective and knows that the patient judges treatments according to social implications, his/her values, and beliefs and takes that into account. This strategy suggests that partnering is about mutual sharing of responsibility for health, allowing the patient to be involved and respected for his/her particular beliefs, values and priorities and how s/he wants his/her health conditions managed. However, it is important to note that Huffman uses the terms caregiver and clinicians rather than physician hence recognising that these concepts apply to many different types of relationships that patients may develop with different types of healthcare practitioners. Although simply strategies, they are particularly relevant because they emphasize patient control, which appears to be a key factor that distinguishes the different models described above.

Upon examination of the various therapeutic relationship models and strategies, there appears to be significant related and overlapping themes. Kelner and Glass both refer to the Paternalistic Model which is a very firm, physician-centered and controlling model. Glass' Beneficence-in-Trust, Accommodation and Psychodynamic Models are similar in that they all take into consideration the patients and their lives but to varying degrees with only the Accommodation Model taking the patients' families and social elements into account. These seem to closely reflect Kelner's Shared Decision Making Model as well as Huffman's emphasis on patient/caregiver education where the relationship is less firm and less controlling with a softer and a flexible element to it. Kelner's Consumerist Model is similar to Huffman's discussion of patient self management in her strategy for effective partnering by going one step further to the patient being in full control once the healthcare suggestions are disseminated.

Although Playle and Keeley (2001) suggest that physicians know what is best for patients and justify that professional authority is essential, Kelham (2004) at Medicines Partnership, a task force on medicines partnership focusing on education regarding the research information on the patient/physician relationship, stresses that

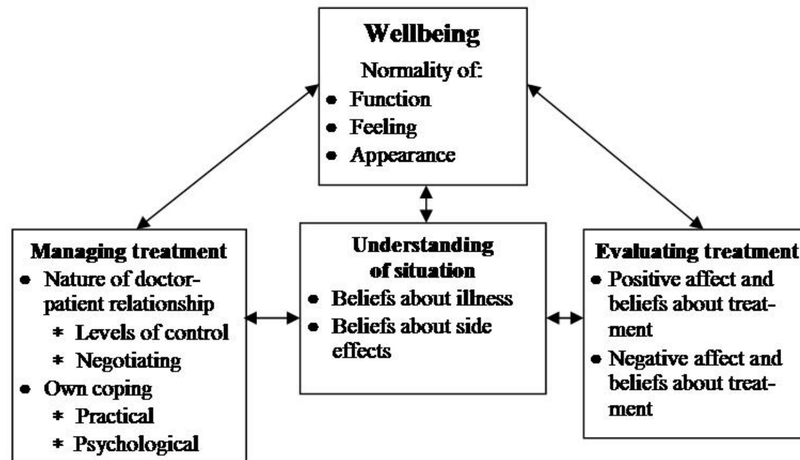
the authoritarian approach must be changed. They further advise that patient-practitioner communication is key to improving relationships.

Therapeutic Relationship and Patient Outcomes

Russell et al. (2003) argue that although improving the patient-practitioner relationship is important, the relationship is not sufficient in and of itself when caring for the patient and improving patient outcomes. They suggest that the patient is the person with the most knowledge about his/her life and should therefore be able to decide for him or herself just how much of an impact a therapy will have. As such, to improve patient outcomes, a theory should be based on a holistic model (Russell et al., 2003; Richardson, 2004) that integrates patient perceptions of health, health problems, priorities, and concerns of daily living (Rose et al., 2000). Practitioners need to acknowledge these perceptions properly in order to address health concerns (Horne et al., 1999).

Carrick et al. (2004) focus on the concept wellness, defined as normality of function, feeling, and appearance to the outside world. Based on this concept, the key to managing the treatment, understanding the patient's situation, and evaluating the treatment is to focus on the patient's goals or expectations in a treatment plan, as opposed the caregiver's (**Figure 1**). It is argued that this approach will not only reduce the distressing symptoms and side effects of treatment and illness but also increase the patient's impressions and experiences of the treatment. The patient-caregiver relationship in this perspective allows the patient to manage his/her treatment depending on his/her capacity and interest to be an active partner. This more holistic treatment approach may increase the patient's quality of life both physically and psychologically.

Figure 1 – Maximizing "Wellbeing"



Reproduced with permission from Psychology and Psychotherapy: Theory, Research and Practice © The British Psychological Society (Carrick et al., 2004).

In summary, the research suggests that patients need to be addressed in a holistic manner that includes identification of the patient's expectations and beliefs regarding his or her illness. As factors such as poor patient-physician communication, partnership roles, and self-care emphasis have been identified as reasons why people visit CAM therapists, an effective model that could be applied to a herbal medicine practice may need to focus on these factors. Other factors such as the emotional aspects of patients needs - hope, reassurance, explanations, empathy, advice, respect and understanding, would also need addressing. An appropriate model that encompasses the concept of wellness that allows patients to be in control would also likely need to be incorporated, treating the individual according to their perceptions and wishes. As it is the patient's right to decide whether s/he chooses to follow through with the healthcare plan, the therapeutic relationship would be of significance in aiding and emphasising self healing. To date, the suggested model does not appear to exist. It is also not clear how relevant the therapeutic relationship models and strategies described above may be related to the patient-herbalist relationship or to helping explain why individuals visit herbalists.

The literature suggests that specific aspects of the therapeutic relationship are important to understanding why people use CAM, and therefore herbal medicine. However, a number of questions remain: What are the characteristics of the patient-herbalist relationship? Does it meet the patient's needs and does this relationship affect the outcome of care? This study aims to explore these questions.

METHODOLOGY

This study was an applied ethnography design, which is a qualitative research approach that involves the study and description of a culture. It is a flexible method that is useful in uncovering and identifying the ways of life of a particular group. An applied ethnography approach was an appropriate method because it allowed for the exploration of patients' and herbalists' perceptions of the patient-herbalist relationship thus facilitating an in-depth understanding of this phenomenon.

Participants

Data were collected for this study by interviewing five herbalists and ten patients of herbalists. After completing these 15 interviews, saturation was found to have occurred, which is the point in the research at which no new information was being collected (Polit & Hungler, 1999). The participants were purposefully selected as described below.

A – Herbalists

The data collection began with a convenience sample of two herbalists who were known to the investigators as having an interest in participating in research and who met the inclusion criteria described below. Each interviewee was asked to identify other herbalists who they felt may be interested in the research and willing to participate (a process known as "snowball sampling") to complete the sample (Denzin and Lincoln, 2000).

To be included in this study, herbalists must have satisfied the following criteria:

1) was currently a practicing herbalist

2) was located in Ontario

3) was able to conduct an interview in English

4) was able to give informed consent

B- Patients

Each herbalist interviewed (n=5), as well as a convenience sample of other herbalists practising in the Greater Toronto Area and Southwestern Ontario (n=11) were

asked to help in the recruitment of patients by posting a notice explaining the study and asking patients to call the researcher if they were interested in participating. To be included in the study, patients must have met the following criteria:

1) had visited with the herbalists at least once in the last week

2) was able to conduct an interview in English

3) was able to give informed consent

Recruitment

A. Herbalists

A letter introducing the study was mailed/faxed/emailed to the herbalists that had been selected to participate in the study (see Appendix III, page 54). Informed consent forms were sent with the introductory letter (see Appendix V, page 56). Each potential herbalist was then contacted by telephone by the researcher to assess his/her willingness to participate in the study, to answer any questions s/he may have had and confirmed that s/he met the criteria described above. A mutually agreed upon time and place for the interview was arranged at that time. In most cases, interviews were held in the herbalists' offices or homes. However, if any herbalist requested that the interview be held at another location, his/her wishes were accommodated wherever possible.

B. Patients

Patients who called to inquire about the study were screened and provided information about the study. Consent forms were sent with the introductory letter (see Appendix VI, page 59 and Appendix IV, page 56). The MSc student assessed each person's willingness to participate in the study, answered any questions, and confirmed study eligibility. A mutually agreed upon time and place for the interview was arranged at that time. In most cases, interviews were held in the patients' homes. However, if a patient requested that the interview be held at another location and his/her wishes were accommodated wherever possible. A maximum of two patients currently seeing any one herbalist were recruited.

Neither patients nor herbalists were given any information regarding who else was participating in the study. Thus, no one herbalist knew if any of his/her patients were participating, and vice versa, allowing each participant to answer questions as frankly as

possible without fear of offending his/her patient/herbalist.

Interview Process

At the start of the interview, written and informed consent was obtained from each participant. Before the interview, the interviewer:

- **a)** explained the purpose of the study;
- **b)** described the amount of time it would take to complete the interview;
- **c)** informed participants that they could withdraw from the interview or refuse to answer any questions;
- **d)** discussed the plans for using the results from the interview;
- **e)** explained that the interview will be transcribed; and finally
- **f)** addressed any questions the participant may have had.

Interviews lasted approximately 30 minutes to 1 hour. The format of the interview was semi-structured; for a description of interview questions, please refer to Appendix I, page 52 and Appendix II, page 53. At the end of the interviews, the interviewer would summarize the major themes that emerged during the interview in order to allow the participant the opportunity to add anything to the interview or clarify any information.

Data Analysis

In order to explore the patient-herbalist relationship, both the herbalists' and the patients' responses to the semi-structured interview questions were analyzed using interpretive content analysis (Miles & Huberman 1994). Content analysis involves analyzing the interview transcripts by categorizing segments of the transcripts into topics areas (Berg, 1995; Morse & Field, 1995). Transcript segments vary in size from a single word to paragraphs. In this analysis, the transcripts were divided into simple sentences with subjects and predicates, called "themes" (Berg, 1995). The interviews were transcribed verbatim into written text for analysis. All transcriptions were entered into a qualitative software program (NVivo) for coding and analysis. Codes (see Appendix VIII, page 61) were established by two coders (the research supervisor and MSc student)

through an iterative process to confirm or disconfirm emerging themes. Data analysis was performed throughout the data collection period so that it was possible to adjust the interview questions and address new issues or topics that emerge from earlier interviews.

The standard questions at the end of each interview (see Appendix I, page 52 and Appendix II, page 53) were analyzed using descriptive statistics including examining frequencies, and means where appropriate.

Risks & Benefits

There was minimal risk to the participants. Each participant was informed that his or her identity would be kept confidential and any reports or papers that contain data from the study would not have any identifying information. Participation was voluntary. The participants were not required to answer any questions that they did not wish to and participation or non-participation would not have any affect on their professional or personal lives. They had the right to withdraw from the study at any time with no adverse consequences. This was explained to them in the introductory letter, the consent form and at the time informed consent, as well as written consent, was received.

A potential risk for herbalists was confidentially. However, permission was sought for use of their quotes in any report or publication thus reducing this risk.

A potential risk for patients was the fear that their herbalist would be uncomfortable with information about the herbalist and/or his/her practice being disclosed by patients to the interviewer. To reduce this risk, patients voluntarily contacted the MSc student. The herbalist did not know who was participating and the patient quotes remained confidential. Permission was sought for use of their quotes in any report or publication thus reducing this risk further.

A potential benefit for both herbalists and patients is that this study may be published and hopefully help herbalists develop better relationships with patients.

Privacy & Confidentiality

All of the information collected for this study was kept strictly confidential. The participants' names were not used at any stage of the research process. A professional transcriber was hired to transcribe interviews. The participant was identified by a unique

study identifier code to ensure privacy, and the names of persons identified in the interviews were removed from the transcriptions. All data were kept on a secure computer and access to the computer was by specific passwords known only to the Research supervisor and MSc student. All persons involved with handling the data were asked to sign a confidentiality form. The completed interview schedules, transcriptions and audiotapes are stored in a secure locked cabinet at the Koffler Institute of Pharmacy Management, University of Toronto. No information was released or printed that would disclose any personal identity. Tape recordings and transcriptions will be kept in a secure locked cabinet for at least 5 years before being destroyed. As quotations from interview transcripts are used in this and potentially other reports, to ensure confidentiality, no names or identifying information are/will not be presented with the quotations.

Conflicts of interest

The research supervisor and the MSc student knew personally some/all participants in the study. The research supervisor had no direct contact with any potential participants with whom she has worked with in the last 5 years. The MSc student was not in a position of influence with, or authority over, any of the potential participants. Thus, her involvement with these subjects for the purposes of this research would not result in a conflict of interest.

Ethical approval was sought and gained from the Health Sciences I Research Ethics Board at the University of Toronto (see Appendix VII, page 60).

FINDINGS

The Participants

All herbalists and patients contacted agreed to participate in the study. Demographic data collected on all participants (both herbalist and patients of herbalists) are summarized in Tables IV and V.

A. Herbalists

In total, five herbalists were recruited to participate in the study. There were two male and three female participants. All participants considered themselves primarily to be western herbalists. Education included an "eclectic" long term herbal education, naturopathic training with a heavy emphasize on herbal medicine, as well as three of the participants having graduated from a clinical herbal training program. All had other traditional and spiritual herbal and energetic education. All participants have continued to engage themselves voluntarily in continuing education programs (**Table IV**).

Table IV - Herbalist Demographic Characteristics

Herbalist Identifier	Gender	Training	Tradition practicing	Years in practice	Patient load/wk
H1	M	"Eclectic" clinical herbal education	Western	25 yrs	5 – 10/wk
H2	M	Naturopathic training with a herbal medicine emphasis	Western/TCM	15 yrs	24 – 28/wk
H3	F	Clinical/traditional herbal and energetic education	Western	11 yrs	4 - 5/wk
H4	F	Clinical/traditional herbal education	Western	9 yrs	10/wk
H5	F	Clinical/traditional herbal education	Western	6 yrs	5 - 10/wk

B. Patients

In total, ten patients were recruited to participate in the study. Seven were patients of the participating herbalists, three were not. All participants were female with a mean age of 53.4 years. Frequency of visits ranged from six to eight times per month to less than once a month. The length of time participants had been visiting their current herbalist ranged from one to 20 years (**Table V**).

Table V - Patient Demographic Characteristics

Patient Identifier	Gender	Age	Ethnicity	Frequency of visits	Length of time seeing herbalist
P1	F	51	Scottish/Irish	8 or 9/yr	4 yrs
P2	F	54	British	Variable – 1/mon or 6 wks or 3 months	5 ½ yrs
P3	F	50	French/Irish	6 – 8/mon via	20 yrs

				phone calls, quick visit and/or full consultations	
P4	F	76	Polish/Canadian	2/mon	1 yr
P5	F	42	Italian	Every 4 wks	4 yrs
P6	F	37	Italian	1/mon	5 yrs
P7	F	53	Canadian	1/mon	1 ½ yrs
P8	F	53	Canadian	Every 2-5 wks	2 yrs
P9	F	61	Wasp	Variable – every few weeks to every few months	4 ½ yrs
P10	F	57	Ukrainian	Every 2 weeks	3 months

Patient-Herbalist Relationship

Several distinct yet overlapping themes regarding the patient-herbalist relationship emerged from the data analysis. The key theme regarding the relationship was the experience of what both the patients and the herbalists described as “a connection.” A number of sub-themes related to the concept of being connected including: feeling comfortable, helping intensions as well as a caring and loving attitude. Other supporting themes included the perceived impact of the relationship on health outcomes, herbalist characteristics, patient characteristics, and differences from other healthcare relationships.

The Connected Relationship

The patient-herbalist relationship was described as a “connected” relationship. Herbalists talked about “making connections” with the patients and patients spoke about feeling connected to the herbalists. The herbalists, feeling that it was important to do so, spoke about working at making this connection:

> “Trying to find personal interests in making connections with the patient. I try to, usually I can pick out something that they feel is important to them, either something ethnic or religious or family, but something they consider very personal to them. And without them telling me, they usually show me. And so then I acknowledge that to them. And when they light up, when they’ve felt the acknowledgement from another human being, then I know that we’ve begun and established a connection.” – H1

> "I'm just really aware when I'm talking to them. I can tell by their expressions when you're connecting and when you're not. When they're annoyed with you, or when they find whatever you've said to either click with them or be offensive. You just have to really watch, and you just kind of…it's like feeling your way down a ski slope. Just being aware of what's going on in the interaction, and adjusting your energy and how you're interacting with that person.....If you connect with someone, it really doesn't matter what kind of belief system they have or background. If you can just find the way in to that person, there's always a way in there. Sometimes you find it, sometimes you don't." – H3

Patients also talked about feeling connected to their herbalist:

> "I wouldn't just want to speak to the, the herbalist store. She has something added....Like an extra magnet, something there, that, you know.....Like pulls you, like something, she's… it like pulls you towards her, she's so nice!" – P4

> "....then everything just clicked." – P2

When patients were asked to describe their relationships with their herbalists, some patients said that they considered their herbalists friends, while in other cases patients could not quite find words to describe their relationships:

> "Well I feel we have a good one to one relationship. She's a friend as well as a herbal doctor. And that's the level I find her at." - P8

> "I think too that she's uh, I want to say that there's a friendship there, but it's still a patient, professional relationship.... So I think that there's a trust, a friendship, um the appreciation…just makes it work for me. Makes everything work." – P7

> "You feel so, like, at peace. It's hard to describe it. It seems like I've known her for many, many, many years. That's how she is to me, you know? I've known her years, and I actually just met her not too long ago. That's how she is, you know?" – P4

The patient-herbalist relationship was viewed as a "give and take" or a "mutually beneficial" relationship by both herbalists and patients:

> "Mostly, it's that I, that we develop a relationship where we figure out together, where we have to go through the human journey together. I don't know, I am not a master of these people, they come here, and they're brilliant, and adapt, and completely unique, and I have nothing, other than I have some knowledge that they don't have. And so, my job, the way that I relate to the people that come to me, is to hear what their soul is speaking to me, and to try to give them what they need. And it just so happens that the main modality I use is herbs...." – H4

> “My relationship with [herbalist] is like… is reciprocal, um, dynamic. I feel that we’re working together on my healing journey and my life, that’s what I would say about that. I would say I bring things to her in ways that, like, I’m a partner in what we’re doing because she listens to my instincts.....So, I am a participant, I’m not just a passive player..... I feel that she offers me, um, uh, she offers me, uh, what would you say, like, um, new skills, new… elevations of things like I always get to try, like she’ll pull something out of her hat, something else she’s learning. She is learning and growing as a person in herself, and so, um, I find that inspiring in that relationship as well. We inspire each other.” – P6

There were three sub-themes in this idea of connectedness: feeling comfortable, helping intensions and a caring and loving attitude.

Feeling Comfortable

Comfort was described in various ways and had numerous sub themes: feeling safe, trust, flexibility in treatment plan and the environment. Comfort to the patients was about feeling safe to be themselves and feeling as though they could trust their herbalist:

> “And really, what makes a good relationship is relating, is, is, open, loving trust, communication, you know. And, you know, you can either expect someone to come here, and have really experienced what it is to be honoured, and loved, and respected! It just isn’t part of our culture! You know, people are judged, horribly! And you need to know that it’s gonna take a while and may never happen for someone to come to trust you. They need to trust you. You know, so you gotta be trustworthy....You know, they come here, they need to know they’re safe. Safety is a huge issue. Most people don’t feel safe at all, anywhere, ever. At any time. Because they’ve been put on guard. They’ve been separated from themselves, from their true nature. And, they don’t trust themselves, and they don’t trust you.” – H4

> “I think that the encouragement that you feel knowing that you’re not being judged by another person as well is very fulfilling as well. There is nothing you say, like I feel with [herbalist] there is nothing I could say that she would then not want to have me as a patient.” – P5

Patients and herbalists also spoke about the comfort from being allowed the space to move at their own pace and to start “where they are at”:

> “I can talk with [herbalist] and she listens and week after week she will listens and visit after visit she will listen and um, you know it is kinda like we will go with where I am that day and we approach things from where we are at that day and so

kind like ok, you are having problems with digestion so until that is sorted we will not work on anything else and I like that and it is much more holistic." – P5

"And I will also often ask questions so I don't start saying things that they couldn't relate to. I'd like to be sure that I don't say anything that they can't relate to. I don't mind expanding their view a bit, but I always go very gently and go from the place that they are." – H2

"I think there's a trust that the healing process happens in its own natural way, and that's what you follow. You don't try to force the person to do something they're not ready for if they're not there yet. So, in our relationship, I think that's, there's that, that um, natural response." – P6

Environment was mentioned both in the sense of the room or office itself but also in terms of the "space" that was being created. The herbalists spoke about choosing an office set up that was "relaxing," "comfortable" and "cosy." References to the contrast with sterile medical offices were numerous. Herbalists spoke about dressing in a non-hierarchal way with neutral ornaments around the office.

"I think it's very important that the environment be comfortable. And for me, comfortable means not too medical looking. Um…not too jarring, in terms of colours or jagged shapes or anything like that. But also having any icons of a particular religion or a particular political party or anything opinionated or controversial. I think you want to create an environment in which anybody could feel comfortable and relaxed. And in terms of my own behaviour, I try to dress in a way that puts me on the same level as another person. I don't want there to be a doctor/patient divide, particularly if that means to them that I'm more important than them, or that I am more knowledgeable than them necessarily." – H2

"I try to be as much myself as I can, you know… I do wear monkey suits as a costume but they're pretty casual monkey suits, I mean, I don't see clients in, you know, track pants, but as close to track pants as I can make it. So, and I have a space that's comfortable, a chair that's comfortable..." – H4

"If people kind of think they're just in someone's living room, they're all comfy.... Whether it's real or not. It's just the image." – H3

Patients also commented on the environment:

"....it's a more relaxed atmosphere. I mean, you know, I go sit in her office, she's got plants, we talk, you know what I mean? So I think that's part of it. And there's not a million people in a waiting room coughing all over you." – P2

"Well, [herbalist] treats out of her home as well, so you're going to someone's home and you're in their home and it's very much more personal. Um, yeah, you

> feel like you're treated as a human being and with some respect. Things, simple things like that makes a big difference." – P6

In terms of creating a "space" that allowed people to feel comfortable and feel "safe to open up," a key factor was how the herbalist acted or responded:

> "I create an atmosphere where they can be really relaxed, and they can speak and feel that it's non-judgmental, and they don't have to hide - and many of them will tell me that they hide things from their doctors. And then they tell me things." - H1

> "You know, I give them a cup of tea, you know, or give them a nice beverage, you know? They've got a nice, comfy chair, and they can put their feet up, and, you know? They can be whoever they need to be! And there's no pressure to perform for me. I don't need any kind of performance from them. And I'm just myself!" – H4

Helping Intensions

The desire to help was mentioned by all the herbalists and was often described as an important factor in why they became a herbalist in the first place. Many of the herbalists believed that their desire to help was important for patients to know or feel. "Helping" was often described as their main goal in developing relationships with patient:

> "Whatever your level of knowledge or expertise or skill. If you, if you not only have an intent to be helpful, but that emanates from you, then I think that is the most important thing, because people pick up on that. If people think, well he just wants his fee, or he's showing off, or he didn't hear anything I said, you only get so far." – H2

> "Um, my goal is to really really help them, on their healing path. Um, and in developing the connection with them, it helps to, cuz they have to make a lot of changes, some people, you know, have to go really slow, so it's a goal of really getting to know that person, and really helping them." – H5

The patients were often aware of this desire as well:

> "She is a good listener, she is very helpful, she doesn't work for the money but she likes to help first." – P4

> "I always feel she has a genuine, personal interest and concern about your well being, and that she really is putting together the best thing in her power to help

you." – P2

There were many different ways in which the herbalists wanted to help their patients. They viewed themselves as facilitators recognizing that it is up to the patient as to whether they are to heal or not. Therefore, the herbalists attempted to facilitate the patients' healing by helping them to understand themselves and helping them to make decisions about themselves:

> "I speak a lot more than she does, ya, so you know in spite of that it helps me cause when I can hear myself as well, it helps me to sort myself, is one thing to have one thing go on inside of you but to have them to speak them out loud, it you get a certain clarity." – P5

> "So although people have physical symptoms, they are usually a manifestation of some dislocation or imbalance in their understanding of who they are and what their relationship is to the rest of the universe is and what the purpose of their life is. So I think the greatest quality a person can have is to be able on the one hand to recognize how a person is sick. What kind of disharmonies are you seeing, and what might have caused them. And secondly, to create an environment that is safe enough that that person who has come for healing can allow themselves to realize what is wrong." – H2

> "And I also help, one of the things I really like doing is helping people learn how to make decisions based on consequences and inner values. So I ask them just what is it that they really want out of their life and their health experience." – H1

Herbalists thought that taking the time to listen helped the patients to better understand themselves and transform their lives so that they may "evolve" into their "essential nature." For example, one herbalist spoke of a particular patient:

> "But it all started with feeling physically better, but just having some place to go. And he was able to say things to me that none of his friends would accept, because they were in a different spot, but I was like a sounding board. That's probably a good thing, being a sounding board, and people hear themselves say things, and then they go woah, maybe I should do this. It's amazing. He's just totally different." – H3

A patient said:

> "She totally listens. That's one of the most liberating things..." – P6

Herbalists also tried to help by educating patients and disseminating information:

> "I become a resource for them. And um, they know that they can come to me and consult for anything. I'm practically encyclopaedic. Rather than doing google searches for everything, and then having to decide if the website is selling a product, or is a scientific, university project. Most people don't have the wherewithal to know, so I'm a resource...." – H1

Herbalists were perceived as facilitators of connections/links, be it to nature and plants or even spiritual connections:

> "A herbalist is one of the few health care practitioners that actually re-introduces people to the natural world through plants. And so, I have, in my relationship with the patient, I let them know that we are touching points on each of these planes. The mental, emotional, physical, spiritual and social and then, the total, including the planets and the plants." – H1

Boosting patient's confidence was viewed by both the herbalists and the patients as another way that the herbalists helped:

> "I felt empowered. I felt like we were doing this together." – P1

> "Her whole way of dealing with it gave me permission to succeed rather than to fail and think that I couldn't do it." – P6

Helping via a support system and achieving that feeling of being "supported" was perceived to be an aspect of the care patients received:

> "Um, she said to me many times, if you need anything, give me a call, if you need anything give me a call and um, I..... you know I just feel like she is there and um, if...... ya, like when I get to the door of her place for an appointment I come to the door and she meets me at the door and she gives me a hug and um that feeling of you know, being supported, you know and I feel like she is there with me as I go through my struggle to get better, you know." – P5

> "When I went to see her, we would be talking about my digestive system and then of course I would just start, well, I wouldn't of course, but she would ask me a few things and I would start to cry and cry and cry about the situation, and she said to me, um, you can call me whenever you want, whenever you need to talk to me, you can call me. I was like, what?! She said really. So there have been times where I've just, I was just going nuts because of whatever was going on in me, and other situations as well where she's offered me total support in what I was going through, saying, you know, if you need me, you can call me. You just don't get that kind of, um, care like on a really really human level." – P6

Caring and Loving Attitude

A key finding in this qualitative work is the discovery that the patients felt loved and cared for. To describe this feeling, the patients used words such as kind, caring, unconditional loving, gentle, sincere, and genuine. This realization was supported by numerous references:

> "If I had to describe, she's very warm, very affectionate. Just, just a super, super nice young lady." – P4

> "She's also very patient. She listens. And I don't think I can express that enough. She asks questions. She shows a genuine concern......Oh, I get a hug when I leave. Um, and I love that." – P7

> "I felt I was in really loving, capable hands." – P1

The herbalists explained how they actively tried to provide this sense of being loved and they aimed to genuinely love their patients:

> "I try to hold love for the person, unconditional love that is not judgmental. I also try not to have any preconceived ideas." – H2

> "Well, what I try to do, is, the main thing I try to do, is I try to love, like, all my patients unconditionally. So I send out that love, and, and also, I just let it kind of clear my mind, and not try to think about other things, and sort of be in a meditative space. And, just to really listen to them, without having 10 other thoughts on my head." – H5

Patients were aware of a sharing that was taking place between the herbalist and the patient. There was a sharing of time, information, and oneself, on the part of the herbalists, which may explain how they are caring and loving. It also reflects how the herbalists encouraged and taught self-healing:

> "...like with [herbalist], she shares herself. She's very open. And I think that's a very healing modality that's not used in mainstream medicine." – P1

> ".....he's very interactive, and he…it's not like he wants to guard all the information for himself, and he wants to help people to be self reliant...... You go in there sometimes for something and he ends up giving you like a dissertation on something. Which is great. But that's what I mean. He's generous with his time; he's generous with his knowledge. He's not trying to keep herbology as being a secret, you know. That only a select few should have. It's great." – P3

Herbalist Characteristics

Numerous words to describe the herbalists' character were encountered. As mentioned previously, the herbalists were described as being caring, gentle, sincere, genuine, and loving. Four other sub-theme characteristics emerged: (1) respectful and non-judgemental; (2) honest, openness, and a good communicator; (3) a role model; and (4) having intuitions and personal connections. These sub-themes supported the caring/gentle/sincere theme.

Respectful and Non-judgemental

The patients needed to feel that they could be themselves. In order for this to be accomplished, they needed to feel that they were being respected and not judged by the herbalists. Respecting the patients was recognized as important by the herbalists as well:

> "[Herbalist's] questions ask about what's happening inside. So for me, that means the information's truer. And I feel much more respected by that. And there's a certain element of delight, when you're really sick, and somebody asks what you perceive to be the right questions." – P1

> "I honour this person, and I am honoured that I have been selected, whatever for, even if it goes ugly and long, and which it can do, because sometimes you're telling someone something that they're not ready to hear, or they don't, or they are ready to hear, but they don't feel they are, and it will come into them later on.... You see people hanging on their illness, and it serves a purpose! You've got to honour that, too. You don't just say, "you are healed," what does that mean? You've got to honour what that illness is doing for that person, and you need to approach it in a way of respect, and its deeper, a very deep understanding of what that illness does for that person, you know." – H4

> "So, I am a participant, I'm not just a passive player. She respects my feelings and my intuitions and my inclinations." – P6

> "I guess like I do not feel any judgment from her so I guess I can say whatever is on my mind like if I am really ticked off about something I can say that (laughs), if, um, whatever it is I can say it." – P5

Honest, Openness and a Good Communicator

Other important characteristics identified were being honest and open. Herbalists needed to be open to listen and to hear what the patients have to say and hear who they really are. Patients appreciated how the herbalists listened and responded to them. The herbalists needed to be honest about who they were and what they knew:

> "...you have to be open! You have to be open to saying, "I was wrong" or "I don't know," and open to new ideas and new ways and, um, basically open to evolving. And knowing you'll never have your thumb on it, there is no one answer, there is no finished product, there is only a constant evolution of understanding that comes with experience and wisdom...." – H4

> "...there was a couple times I sat in while my mom talked to him about what ever was bothering her and my mom tends to um, sometimes talk around it or she will say something which I think is not to the point, so I miss it, you know. I would say so what is it that is bothering you and she would be saying, I can't give you an example, and she would say something that is not answering my question. ("Right") Where as with [herbalist] picks up on that and he listens to that and it is all part of listening and he gets from her the story of really what is really bothering her, not what I thought was bothering her but what really is bothering her which might have been a rash on her arm or something. And um, he listens; he finds that he gets the true story sort of he reads a person very well." – P9

A Role Model

When herbalists are good role models it helped to encourage patients and give them confidence that herbalists really know what they are talking about. "Walking the talk" from the herbalists perspective is also extremely important because they are then aware of themselves and their own issues during a consultation. They are aware of who they are and when they need to step back from the consultation and allow the patient to be themselves:

> "I think the old adage, "physician heal thyself", it's been variously translated. And people say it should be translated, "physician understand thyself." But I think it's essential for the herbalist or doctor or whatever you want to call him, practitioner, be engaged in a healing journey themselves. Lots of reasons for that, but, and one is because you can relate to the, what's going on with the other person much better. But I also think the patient wants to see that their practitioner has a firsthand relationship, or firsthand experience of healing." – H2

> "I hadn't seen the doctor in years, he had put on so much weight, he was red in the face, I didn't realize then it was high blood pressure. And he smoked. I thought he was going to have a heart attack and explode before my eyes because I had never

seen someone so big and red and ballooning, that I actually, after we left, I was really upset and I said to my father "don't you ever ask me to come back to see him. And you should change doctors too. This guy looks like he's going to die." So I've always been aware that you have to walk the talk. Like it's hard for me to have respect for someone who's telling you not to do this or do this and do that, but they're not doing it, you know." – P3

"...you need to do YOUR personal journey into the shit that's in your way: your ego stuff, your pain, youryou know, your limiting belief systems, all the things that limit you as a person, will limit you as a herbalist. And you need to desire, I feel for me that I've come to understand that you MUST evolve as a spirit being, you must evolve as a human being, in order to be better and better with your medicine. Because the wisdom is already there, but you cannot access it if your shit is in the way. That's what I mean. YOU'RE evolving." – H4

Herbalist's Intuitions and Personal Connections/Links

This theme had to do with the herbalist's own personal connections/links – i.e. being connected to the plants, being connected to nature, having spiritual connections and intuitive perceptions. Patients spoke about being aware of these intuitive connections and abilities of the herbalists and many felt it was important. The herbalists also talked about using this intuitive sense. Both the herbalists and the patients spoke about how they perceived the connections with the plants and the earth to be important and to have an effect on their outcome of care:

"But, people don't come here as an illness, they come here as a person. They've been kicked in the ass, by their illness, by their physical illness, right, and what I try to do is hear what they're really here for. I think you're I mean, if you want to go weird, I am just a conduit, you know, I am just a conduit of and what is needed just flows through me, what is needed for that person. I have no ownership over it. The only thing I can do, is be better and better conduit, that's ALL I can do. So, when somebody comes, I just relax, into their energy, and into their voice, and into what's behind their words, and I try to hear what the message is, that is coming through me, right, and, and uh (pause) and I just be open and perceptive to the wisdom that comes to me." – H4

"I know by what they see and how they feel and how they sense things and what they get out of things, and their intuition and everything else, and I know they're healers. And if I didn't know that, I wouldn't be there." – P2

"You could get 10 people and you all have the same ailment, but depending on you could still have some variable symptoms, even though you have some that are the same, so I find that it's very impressive that when you're talking to [herbalist], and he'll say it, and he'll say because of this and this and that, and I'd recommend

this, but if you were experiencing this, there would be another thing that I'd give you. So he's very…intuitive. And picking up on your symptoms... I believe that being an herbalist, you have to be intuitive. You have to be sensitive and tuned to the essence of the herbs. There's more to it than meets the eye. It's not just a plant that you're taking, and um…and I believe that some people are more in tune than others." – P3

Patient Characteristics

The herbalists were asked if there was anything that made it more or less difficult to develop a relationship with their patients. The responses suggested a variety of characteristics that made a difference. Patients also suggested important characteristics that made a difference in their ability to develop meaningful relationships with their herbalist. Patient characteristics seemed to be similar to those characteristics that were identified as important for herbalists to have such as openness, being respectful, and making connections to plants/nature. Other key patient characteristics were trust as well as being a willing and conscious participant. Scepticism, not committed and "hardened off" were mentioned as negative characteristics:

> "I have patients who are sceptical. Their main approach to life is scepticism. They, basically, if they don't say it out loud, they're saying to themselves, "I doubt it." No matter what you say, they snuff, they huff, they click their tongues. And they, in many cases, I ask them if I'm going to have to dismiss them. The extreme of this would be a patient who I'll have to say, "I can't help you. I really can't help you... Mostly the people who are hardened to life, and they basically, their heart is hardened, and they're feelings are closed off, and it's too hard for them to face up to the truth of life. " – H1

> "I think probably your treatment isn't going to work very well if you do not trust the person who prescribed it and you are not going to keep taking it as religiously if you do not trust the person who prescribed it." – P9

Differences from Other Healthcare Relationships

When the patients were asked if their relationships with other healthcare practitioners were the same or different, they all responded that their other relationships were very different. Even though most patients said they liked their physicians, they still felt that their relationships with their physicians were different, mainly because they did not have "a connection" with their physicians. The key theme regarding the differences

from other healthcare relationship was the experience of what both the patients and the herbalists described as this “lack of connection.” Time and listening were two additional key themes. Other supporting themes included environmental and practitioner characteristics.

Lack of Connection

A “lack of connection” seemed to be the biggest factor that made relationships with herbalists different from their other healthcare relationships. Even though both the relationships with their herbalists and their other healthcare practitioners were described as professional, it was suggested that there was nothing personal about relationships with other healthcare practitioners:

> “Um, well I don’t really consider myself having a relationship with my health care practitioner. Although, he’s a wonderful, wonderful doctor. And I’m his patient. So a patient-doctor relationship. And I’m grateful to have him, because you need a good family doctor, and um, I know that he can hook me up if I have any problems that require a referral, he’s quite capable of doing that. He’s very knowledgeable. And he’s a laugh and a good guy and everything, but I don’t feel like I have any connection with him. There’s no personal…like with [herbalist], she shares herself. She’s very open. And I think that’s a very healing modality that’s not used in mainstream medicine. Mainstream medicine has a hierarchy that dictates different levels.....[herbalist] allows her vulnerability to show which is so nice, you know, because we’re all so vulnerable.” – P1

Time

Time was identified as a key factor by both patients and herbalists when they tried to explain why these relationships were different. One herbalist even suggested that it was the reason why a connection was not developed:

> “I think it’s just connecting at a deeper level. So you usually get to know the person a little better than most doctors do, I think, for example. Basically because they don’t have time. They’ve got like 15 mins. for that client. How can you get to know that person? And I guess that’s why they make more money than we do (laughs), they can see 30 patients in a day. But that’s not important to me…well it is, but…I couldn’t work any other way.” – H3

> “I don’t need to move according to somebody else’s timing or speak according to somebody else’s timings, like I am never being rushed to finish my sentences or to

um, um, you know, it gives me, it give me, um that space to say what, um, to say what I need to say and get it out the way I need to get it out." – P5

"Ok, with [herbalist], I feel I can truly be myself. I can ask as many questions as I want and still feel comfortable. With other health care practitioners, I may or may not ask questions, but there's a tension involved, am I taking too much time? Am I sounding like a hypochondriac? And then when they respond, I don't pursue it. I don't say well, that's not what I meant. I just sort of cut my losses." – P1

"It's 8 minutes, you're paid, to be with a person. What the hell is that? What, why, minutes? What could you get other than make someone a cup of coffee? (Int laughs) You know, what can you do in 8 minutes? So, I don't know, I don't know… I don't know what the problem is there." - H4

This lack of time made people feel uncomfortable and improperly taken care of:

"It's the rare doctor that can make you feel at ease in the amount of time they have with you. I'm sure your pulse rate is up and you're all nervous, and I haven't seen the doctor for about 8 years, because the last time I went, it was a new doctor, she was giving me a physical, she never once asked me any family history stuff, nothing about, I'm over 50 now, so I think it's fairly important to know if there's heart disease in the family, for example. All of these questions I wanted her to ask weren't asked. It was here we go, take your blood pressure, take the blood, urinalysis, do an internal exam, bye. And I was so ticked off. (Int: Why?) Well I thought how is that taking care of me? You know. I take better care of me. So I decided I would know if I needed to see a medical person. And I would go." – H3

"...my regular GP is usually in a big hurry and so I sort of have to go in there and very quickly ask my questions and if the explanations take longer I just don't get them or at least I do not feel I get them or they are said so quickly and I am not prepared and often I end up with more questions when I leave than when I got there." – P9

Listening

Patients were frustrated and upset when they were not listened to by their physicians. This was another distinct difference in the type of relationship developed with a physician and one developed with a herbalist. The herbalists felt that listening was one of the most important aspects of a holistic practice and that they needed their patients to know that they were being listened to:

"I was very ill a couple of years ago, and I didn't really know what it was. I ended up being diagnosed with fibromyalgia. And I went to my family doctor. Um, a very dissatisfactory, unsatisfying experience. I went to a homeopath that I had in

> (?) and that was very disappointing. And again, in those 2 experiences, nobody was listening to me." – P1

> "There's a study in the BMJ about how many seconds go by before the doctor interrupts the patient. Not minutes, seconds, before the doctor cuts them off and says something. And how many minutes of the whole consultation the doctor's talking and the patient's talking, and how many minutes a consultation is. And it's quite frightening that patients can go for less than a minute numerous times and get cut off. And then maybe get 3 to 5 mins of straight talking and they're done." – H1

> "What I do know, is when people have mentioned it, they don't feel heard, they don't feel as though they're taken as an individual. And they don't get nurtured! And when you're sick, you need to get nurtured. You need, mother. And nurturing. And "mother" can be a man, it just means you need "mother". Because you're sick. And I don't think that's what our medical system provides." – H4

Environment

The environment in other practitioners' offices came up numerous times as being another aspect of how their visits were different and how they were not healing:

> "Um, with other health care practitioners, I'm very aware that there are other people in the waiting room. Now those might be my issues, although I do have a wonderful family doctor now who talks, I almost think too much. But I don't have that connection.... Uh, with [herbalist], her place is a healing place. I don't feel that the other offices are healing places. Um, they're sterile. They aren't pretty. They…there are no plants; there's no light, no true light. There's nothing that makes a sick person feel good, visually. At [herbalist] office, studio, the window is low so you can look out. The little spider plants on the porch, she gave me some. I just love looking at all the beautiful brown bottles filled with tinctures, you know. Um, modern medicine is ugly. I'm a nurse, and know all the, and I don't mean the uh, the ugliness of disease. But I just mean the machinations of modern medicine. There's nothing (laughs) aesthetically appealing to me. But with herbal medicine, it somehow seems quite beautiful." – P1

Practitioner Characteristics

Both the patients and herbalists described other healthcare practitioners as not being gentle, respectful, and patient. The patients felt that they did not share information or explain things to other healthcare practitioners for these reasons. In fact, several patients described being made to feel inferior or like a "fool":

> "I feel sometimes that um, that the allopathic doctors and even naturopathic doctors that I've met, they leave you hanging a lot. They give you things, they give you things and then you're supposed to like [laughs], you're supposed to figure out all this other stuff on your own. It just kind of, it's unsupported in a lot of ways. You don't feel like the person, um, it doesn't have that personal, um, personal support feeling, you know, to it." – P6

> "And I was scared to death because they were clearly scared and finally I went to my GP and said "what is it that they are trying to telling me that they do not tell me?" um, and so she very bluntly told me that um, you know that in my case I could drop dead at anytime with no warning and um, 10 minutes later and I asked any questions that I could think of at that time to ask, off I was out of her office. And it was totally....(crying).... I did not know what was going on." – P9

> "I think sometimes in the medical community, you're looked down upon. I think people talk to you like you're a moron." – P2

> "They're very brisk, they say things that hurt people. And when you feel that kind of horrible tugging in your solar plexus…that's not very healing." – H3

> "Um… like most of the people I see, a great many of them, have been through the ringer. They've been through the system, you know… and I've dealt somewhat with the, uh, medical establishment, and I know that it isn't a very warm place, you know, when you comewhen you're ill, you feel vulnerable. And your vulnerability is not respected, right, you're made to feel more vulnerable, and not only vulnerable, but an idiot! You know… like you're a stupid moron because you don't have a medical degree, you know, and you may be coming to a medical doctor as the most brilliant pianist, or brilliant, astrophysicist, but because you're not a medical doctor you're treated like a fool! And it's a negation of your essence." – H4

Impact of the Relationship on Health Outcomes

When the patients were asked about how they think their personal relationship with their herbalist affected their health or how well they were doing with the treatment, the responses were very similar and stressed that it was very important and had an impact on their outcome of care:

> "I think it's very integral to my, um, my successful… the outcome. It's very integral to it because it's because of our relationship that I um, well, that I feel, um, inspired to keep trying, inspired by my own health, inspired to see that there's a place to go beyond where I'm at because she often will be able to tell me I can make it through something, I can, there is another side to it that, that is isn't all about sort of being in that one place. So, our relationship helps me to have the hope of where I'm going, um, and that, that, that all the things that are happening

are part of that journey, that it's, it's going to be, well, that, um, yeah, that, that it's going somewhere, that it's effective, in that sense." – P6

The herbalists also felt it was important:

"I think it's huge! I think it's monumental. I think being seen as a unique individual person, has a huge impact on all aspects of your nature....I think it's one of the greatest things that, someone in a healing profession, can offer someone." – H4

"I think [healing] happens faster. Or it…it opens…it puts you in a whole different…it's like you've shifted them enough so they're all of a sudden looking in another direction, and then there's all these other possibilities that they couldn't see in the other place they were at. So you just shift them enough and it's like oh, ok, I can do this, this and this. And it helps a lot of other aspects of their life kind of fall into place. And they start changing things." – H3

When asked how one could tell if they were connecting or not, one herbalist responded how she could tell and how it affected the outcome of care:

"I think they tend to open up more, they'll tell you more about themselves. And it's more like an intuition/intuitive type of feeling, you just know like, you can just tell by their body language, um, by what they're saying, um, and often they'll even tell me, like, "I feel really connected to you."........ Um, I think it's the single most important thing, having that connection with somebody, so that they really trust you, um, have an understanding, and openness, and space where they can really feel comfortable, um, I think that's the main thing that really affects, like, how they're gonna proceed. Um, if they're gonna follow your suggestions, if someone, if you get someone who perhaps you don't feel you connect with? Um, they're not gonna follow everything, they're just not. So, that connection is 100% the most important thing." – H5

In summary, the ideal relationship between herbalists and patients can best be described as a connected relationship. The holistic practices of herbalists included creating a comfortable environment. The caring and kind behaviour of the herbalists, as well as the helping intensions, facilitated the creation of a connected relationship. Additionally, the characteristics of the particular patients allowed for an easier development of this relationship. An important difference between herbalists' relationships with their patients compared to those relationships with other healthcare practitioners also seems to be related to this connections theme. The lack of time spent with patients, the sense of not being listened to, and the non-healing environment

appeared to inhibit a connection. Furthermore, the practitioners' impatient and blunt behaviour further reduced the connection development.

DISCUSSION

This study was designed to provide insight into the nature of the relationship between herbalists and their patients. The type of ideal relationship that has emerged from this study will be explored as well as the differences between relationships with other healthcare practitioners. The results of this study will be compared to the other patient-practitioner relationship literature and a new model of the ideal therapeutic relationship will be described.

Based on the results from the data generated, patients generally characterized the ideal relationship with their herbalists as a connected relationship. To ensure clarity, 'Connection' with a capital 'c', will be used to refer to the specific contextualized emergent theme arising naturally through this study. Although no participant defined Connection explicitly, the concept emerged from the data analysis and is described in detail below.

The Connection

The Connection described by patients in this study is a relationship where the patients felt comfortable because herbalists displayed helping intensions with a caring and loving attitude. When asked to identify things or ways that made them feel comfortable, patients described feeling safe when they were talking to their herbalists. For them to feel safe, the patients needed to feel that they could trust their herbalists in the sense of what the herbalists had to tell them and that they were not being judged, but rather treated with respect and openness. Patients reported a friendliness that was non-hierarchal that made them feel like they were equals, rather than like a "fool," which also facilitated a safe feeling.

Comfortable and safe were also mentioned in reference to how knowledgeable the herbalists were. Although the patients knew that herbalists were not cardiology specialists nor were they gynaecologists, they were still confident in their herbalists' abilities. One explanation for this may be that herbalists consider the entire body and

obtain a detailed case history, thus acquiring a holistic picture of what is happening with the patients. This allows them to understand what is going on and what needs to be done to help the patient. This knowledge is communicated to the patient who then feels heard and understood thus enhancing a Connection and feelings of safety. This could also be interpreted to suggest that the patients in this study were comfortable in a holistic and open approach rather than relying on a clinical definition and precise approach to pathology and diseases. Although the herbalists interviewed in this study all had clinical education as part of their training, they also participated in traditional herbal medicine training. The holistic and spiritual aspect to their education may have allowed for a bridging between the knowledge needed to understand dis-ease and the holistic and spiritual understanding that helped patients feel comfortable and heard.

The patients appreciated the flexibility that the herbalists displayed that allowed them to start treatment protocols according to “where they were at” emotionally, mentally and/ or physically. Patients appreciated the freedom to move at their own pace, one at which they were comfortable with as opposed to one dictated by the herbalist. Patients expressed their desire to follow the suggestions from the herbalists when as long as there was a perception of flexibility to fit the suggestions with how they were feeling, and to integrate the herbalists’ suggestions with the patients’ thoughts, beliefs, and the social aspects of their lives.

Another aspect that helped the patients feel comfortable was the physical environment in which the consultations were held. The herbalists’ offices were described as healing, and relaxing with herbs and plants around. Patients appreciated this natural environment as opposed to the sterile environment experienced when they visited other practitioners. Patients indicated that they felt that they were equals in such an environment. Another explanation for this may be that this natural environment seems to go along with the natural medicines and with it there is a sense of safety and comfort.

The holistic practices such as helping intensions displayed by the herbalists were also part of what made Connected relationships. The herbalists viewed themselves as being healing facilitators. They were facilitators in helping patients to better understand themselves in terms of who they were and their health decisions. They helped increase a patient’s confidence and offered a support system for patients during their healing journeys. Herbalists tried to be facilitators between the patients and their connections to nature and plants, as well as aiding the patients to make spiritual connections. This was

an important part of the Connected relationship because patients felt that they were not on their healing journeys alone. Sometimes these journeys were described as being slow, painful, and difficult so the feeling of being supported and part of a team promoted closeness to their herbalists. Secrets were shared, painful memories disclosed, and realizations were made. Patients were learning more about who they were and how that affected their health. This created healing bonds. Herbalists made the patients feel good about themselves, which in turn made it easier to develop a bond. In addition, as patients opened up to the world around them, it was an exciting time for them and having someone to talk to about these new connections and understandings of plants, nature and spiritual awareness, created a situation in which strong bonds were formed easily. Many patients needed to have someone to listen and talk to them about this new reality. This was important due to others in their immediate families or circles of friends not understanding. Sharing these experiences with their herbalists appears to have helped to create this Connected relationship.

Central to this Connected relationship was a caring and loving attitude herbalists reported feeling for their patients; this attitude promoted in patients feelings of being cared for. The helping intensions, flexibility, and the desire to make the patient feel comfortable were driven by this caring and loving attitude. It was also a distinct difference from other healthcare practitioners. The creation of a bond between the patients and the herbalists appeared to be possible only when patients felt genuinely cared for. Herbalists felt it to be crucial to share their time, knowledge, and themselves with their patients. They described it as part of their job. This sharing made the caring and loving feel unconditional.

Specific characteristics of both the herbalists and the patients appeared to be facilitators of development of the Connection. As previously mentioned, herbalists' characteristics such as being respectful, non-judgemental, honest, and open facilitated this Connection by helping patients feel comfortable and safe. However, other characteristics displayed by the herbalists were also important such as good communication, positive role modelling, and herbalists' intuitive and personal connections with plants, nature and spiritual connections. The good communication skills such as being a good listener were identified by patients as important characteristics. When patients felt they were being listened to, the information that they received from the herbalists seemed to be more credible. It is possible that the feeling of

being truly heard is only available in relationships that offer a significant amount of time. The extensive time spent with patients appeared to allow them the opportunity to feel comfortable and to open up, which promoted a mutual trust and respect which was only possible if both participants were on the same "wave length" because they understood each other. This extra time seems to be a key facilitator that allowed for the space for a Connection to be created.

Patients felt that it was important for their herbalists to be "walking the talk." When the herbalists were good role models and had their own intuitive and personal connections with plants, nature as well as spiritual connections, patients felt inspired by and admiration for their herbalists. One patient spoke about how she was frightened by the physical appearance of her physician and questioned why she should listen to him when he could obviously not take care of himself. Patients felt more inclined to listen to their herbalists when they looked healthy, happy, and had a strong appreciation and love for nature and the herbs.

Herbalists equally felt that this role modelling was important and to have personal experience with the healing journey themselves. Herbalists could then understand who they themselves were as a person which helped them to be able to focus on the patient in a non-judgemental and more open way. Furthermore, they may be in a better position to relate to the needs of their patient when difficult areas arise because they had a realistic understanding of how a patient feels due to their own personal experiences.

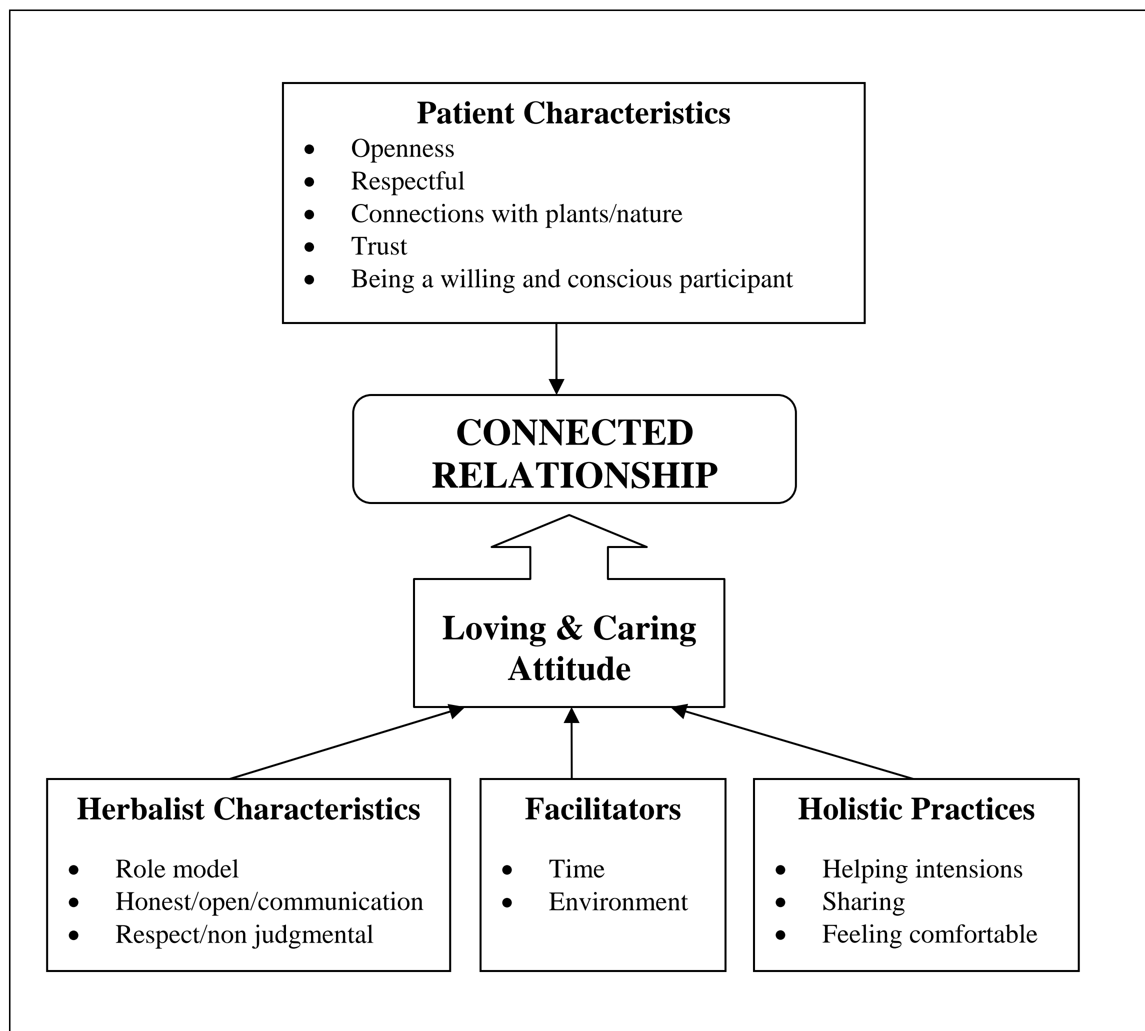
When participants were asked to identify patient characteristics that would help to develop a relationship there was a considerable amount of similarities to the herbalist characteristics. For example, openness, respect, trust, and ability to make connections to plants and nature were said to be important for both herbalists and patients. One reason for this overlap may be that certain types of people seek out similar people in caregivers or when seeking help. If a person values openness and respect then s/he may search for a practitioner or herbalist that is open and respectful as this may help to make him/her to feel more comfortable and trusting of the care.

When a Connection was developed, it was perceived to improve the outcome of care as it increased the understanding of exactly what was happening in the patients' bodies enhancing the knowledge of what needed to be done in order to help the patients. The patients felt more motivated and encouraged to participate in their own healing and they felt empowered to do so. This relationship allowed the patients to trust the

recommendations from their herbalists. They could ask whatever questions they needed to and they were given the time and their questions were answered. This helped the patients feel satisfied with the recommendations and the desire to follow the treatment plan.

In summary, a Connection was the key distinction between patients' relationships with their herbalists in comparison to their relationships with other health practitioners. As this Connection has not yet been defined, the concept that has emerged can be identified as: a bond, facilitated by genuine loving and caring, that has been established between a patient and practitioner and is characterized by deep understanding achieved through open, non-hierarchical communication based on helping intensions, mutual trust and respect (**Figure 2**).

Figure 2 – The Connected Relationship



Differences from Relationships with Other Practitioners

Although there has been the trend toward a more open medical practice, more informing and educating of the patient as well as less control of the physicians, patients in this study still perceived something to be missing from their visits to other healthcare practitioners. While several patients spoke about liking their physicians, they also felt they were not Connected and did not have a real relationship with them. While physicians and other healthcare practitioners are caring people with helping intentions just as herbalists, these intentions must not be the only factors involved in developing a Connected relationship. When asked how Connected relationships were different, the provision of time was a very distinct difference between visits with physicians and herbalists. One explanation for why this factor is imperative may be that spending time with patients helped to foster a sense of being cared for due to more opportunities to be listened to. When physicians neglect to take the time to listen to all that the patients had to say, it appears to hamper the formation of a Connection being made. Additionally, this sense of being insufficiently cared for may hinder establishing the necessary comfort levels for the patients.

Herbalists seem to be able to walk this tightrope balance between allowing the patients enough space to open and heal and guiding the patients toward what the herbalists understood as what the patients needed. Herbalists recognized that they need to allow the patients to move at their "own paces" and not at the herbalists' paces. The difficulty appeared to arise if herbalists attempted to steer patients in directions that they were "not ready for" in an attempt to speed up the healing process. This is an issue that runs through the therapeutic relationship literature, as important in many of the patient-practitioner relationship models previously mentioned such as the paternalistic and libertarian models. Not allowing the patient the time and space seems inevitable in these types of relationships when it is the practitioner who tries to control the patient and healthcare plan within the confines of the healthcare system today. Perhaps the way to avoid it is to follow a model that requires the practitioner to relinquish that control, giving it solely to the patient. The two partnering strategies, patient/caregiver education and the patient self-management (Huffman, 2005) for example emphasize allowing entire patient control thus eliminating this issue. However, the question then to be asked is who should pay for this extra time needed to allow the patients and practitioners to

develop Connected relationships which may be related to better health outcomes - the individual or the healthcare system? Physicians and patients seem to have answered this question already themselves. Physicians rarely offer the extra time and listening required whilst the patients who have chosen to seek out herbalists, pay out of their own pockets for this time.

It is interesting when a comparison to the original essence of doctoring and nursing is compared to the essence of practising herbal medicine. Herbal Medicine with a capital "H" being different than herbal medicine with a small "h" as Herbal Medicine is in reference to the *craft* as opposed to the *tools of the craft*. As data from this study demonstrate, Herbal Medicine is similar to the essence of doctoring in that the herbalists are teachers and advise on the use of herbal remedies much like a physician advises on the use of pharmaceuticals (Miettinen & Flegel, 2003). Additionally, although herbalists are not "allowed" to diagnose, they do come to understand what is happening in a patient's body and aim to treat accordingly. In comparison to the essence of nursing, herbalists also assist individual patients when ill, or not, as well as encourages self-care or independence (Kitson, 1999). It is also interesting to note that herbalists in this study felt that Herbalism was a calling just as Nightingale described nursing to be a calling and have studied both "natural and medical science" training and beliefs (Kitson, 1999). Arguably, herbalists are doing the original jobs of both physicians and nurses.

A New Connective Model

The new Connective Model that has been extrapolated from the results of this study includes four specific aspects: 1) the time and space to create a Connected relationship that 2) focuses on the patient's goals and expectations while 3) encouraging self-care and 4) allowing patient autonomy **(Table VI)**. This new model best describes the ideal patient–herbalist relationship, which the herbalists in this study strove to achieve and which was so highly valued by the patients who experienced it.

Table VI – Connective Model

Connective Model
1. Provides the time and space to create a Connected Relationship; 2. Focuses on patient's goal and expectations; 3. Encourages self-care; 4. Allows patient autonomy.

The relationship characteristics from this study seem to most closely reflect those of the Consumerist Model (Kelner, 2000) where the decision making is entirely up to the patients while the herbalists are viewed as providing a service to the patients. The herbalist, after a detailed consultation, provides the patient with a suggested plan. The patient then decides what they want to do and the herbalist implements the arrangement. This is in complete contrast to the Paternalistic and Libertarian Models (Glass, 1996) where it is the physicians who hold the control and power in the relationship. The Connective Model is also similar to the Consumerist Model because in the Consumerist Model it is assumed there is an egalitarian relationship.

The Connective Model is also similar as well to the patient/caregiver education and the patient self-management partnering strategies (Huffman, 2005). Like the Consumerist Model, the patients wanted to be involved in the health care plan, and the herbalists are viewed as service providers. Additionally, the herbalists reported working to understand the patients' perspectives, allowing a mutual sharing of responsibility for health, and a situation where the patients were allowed to be involved and respected for their particular beliefs, values and priorities and how they want their health conditions managed. In both the Consumerist Model and the partnering strategies, it is assumed that the patients are educated and are willing to challenge their healthcare practitioners and determine for themselves what sort of treatment plan they will follow.

This study also reflects the wellness concept (Carrick et al., 2004) as the aims of the ideal patient-herbalist relationship were to keep the focal point on the patient's goals or expectations in a treatment plan, as opposed the herbalist's. This is similar to Glass' (1996) Beneficence-in-Trust, Accommodation and Psychodynamic Models in that they all take into consideration the patients and their lives but to varying degrees with only the Accommodation Model taking the patients' families and social elements into

account. With respect to the managing of the treatment, understanding of the patient's situation, and evaluating the treatment, both the wellness concept and the Connective Model aim not only to reduce distressing symptoms but also increasing the patient's involvement of the treatment facilitating whole healing.

Although there are similarities between some of the models, strategies and concepts already explored in the literature on therapeutic relationships, no single model or strategy adequately captures the essence of the Connection theme that was identified by the participants of this study. This Connection is about bringing two equal people together that share information creating an engaging relationship and has not been found in the literature and other relationships explored. Additionally, there has not been a model that encouraged an extended consultation time nor a comfortable space that facilitates this Connected relationship.

This new Connective Model has been developed base on interviews with both herbalists and patients of herbalists. However, it can be hypothesized that perhaps it is a model that can be used by other healthcare practitioners as well. For example, this model might best be suited to practitioners who are able to allocate a significant amount of time to each of their patients in addition to those who are able to create an environment that is both healing and comfortable. Perhaps this new model would only be possible for those practitioners with similar characteristics to those found regarding the herbalists in this study. Equally, perhaps this model is best used in practices were the patients also hold similar characteristics to those found in this study as well.

The Connection model described here is that of an ideal relationship. That is, it should be seen as a goal, but may not always be achieved with every patient. Individual patient and herbalist characteristics may not allow this connection to be made with every patient nor allow it to occur all the time. As to whether this model should be or can be used by all herbalists still remains unanswered and would require further research. In addition, it will be important to explore whether experiencing this kind of relationship is associated with improved health outcomes.

Limitations of the Study

While the data from this study provides a rich exploration of the nature of the ideal patient-herbalist relationship, there are some limitations to the study that should be

noted. One limitation of this study is the geographical confines of the study. The participants were from the Toronto and south-western Ontario region in Canada. The herbalists were selected using snowball sampling (Denzin and Lincoln, 2000) from a small close nit community and were asked to select other herbalists with similar beliefs and practices as themselves. Therefore, these data may not be generalizable to herbalists in other regions of the province, country or the world. A second limitation is patient participation. The patients (all female) in this study were recruited from herbalists' offices and are therefore likely to be satisfied with their herbalists. A third limitation is that the researcher is a practicing herbalist and knew all the participating herbalists thus producing the potential for personal biases. However, the themes derived from the interviews were identified by both the student researcher and her supervisor who is not a herbalist nor has any experience with practising herbalists.

Implications

Despite the limitations, the results from this study make several contributions to the understanding of the therapeutic relationship. First, the results provide information that can be useful to all health practitioners regardless of which modality and belief systems they hold. If healthcare practitioners are to effectively care for their patients and meet the perceived needs of their patients, it is critical that they develop a good relationship to effectively improve the perceived outcomes of care.

This study provides a model that herbalists and perhaps other practitioners can aim to achieve in order to develop an ideal Connected relationship. As the Connected relationship was a key finding in this study, the following list of facilitators for establishing an ideal Connected relationship (**Table VII**) has been devised for use by herbalists as well as other health care practitioners who wish to aim to establish an ideal connected relationship with their patients.

Table VII - Facilitators for Establishing an Ideal Connected Relationship

Herbalist Characteristics

- ☐ unconditional loving and caring attitude
- ☐ respectful attitude
- ☐ non judgemental attitude
- ☐ friendly
- ☐ honesty
- ☐ openness
- ☐ good listener
- ☐ knowledgeable
- ☐ good role model
- ☐ intuitive development
- ☐ connections with nature, plants
- ☐ spiritual connections
- ☐ trust worthy

Holistic Practice

- ☐ flexibility with time
- ☐ relaxed and healing environment
- ☐ help patients to understand themselves
- ☐ help patients make decisions
- ☐ help patients make nature, plant and spiritual connections
- ☐ boost patient confidence
- ☐ be a support system
- ☐ help patients feel safe and secure
- ☐ sharing of self
- ☐ sharing of time
- ☐ sharing of information

FURTHER RESEARCH

All good research answers some questions, but leads to many others. Examples of questions that remain are: Do all herbalists developed Connected relationships with their patients? Do different types of herbalists differ in their ability to establish Connected patient relationships? Do other healthcare practitioners establish similar connections with their patients? What distinguishes practitioners who develop Connected patient relationships from those who do not? Is it possible to establish this type of relationship within the confines of the Canadian health care system?

CONCLUSION

This study was designed to provide insight into the nature of the ideal relationship between herbalists and their patients. The type of relationship that has emerged from this study was that of a Connected relationship and was described as being very different from relationships with other healthcare practitioners. Connected relationships are where the patients felt comfortable as herbalists displayed helping intensions with a caring and loving attitude.

APPENDICES

- Appendix I: Interview Questions For Herbalists
- Appendix II: Interview Questions For Patients
- Appendix III: Herbalist Information Letter
- Appendix IV: Patient Information Letter
- Appendix V: Herbalist Consent Form
- Appendix VI: Patient Consent Form
- Appendix VII: Ethics Approval Form
- Appendix VIII: Coding Tree and Nodes

APPENDIX I – Interview Questions For Herbalists

Semi-Structured Interview Questions:

1) How long have you been an herbalist?

2) What made you decide to become one?

3) What do you think are important qualities/characteristics for someone to be an herbalist?

4) How do you relate to the patients?

Probes:
What are you thinking and/or feeling when you are talking or listening to them?
What is your goal in developing a relationship with a patient?
Examples?

5) How would you describe the ideal relationship between an herbalist and a patient?

6) What things make it easy to develop a good relationship with patients?

7) What things make it more difficult to develop a good relationship with patients?

8) How do you think herbalists' relationships with their patients compare to the relationships other healthcare practitioners develop with their patients?

Probes:
Can you give some examples?

9) How do you think the relationship you develop with patients affects their healing outcomes?

Probes:
Can you give some examples?

Structured Questions at the end of the interview:

1) What is your training?

2) Which tradition do you practice?

3) How many patients do you see per day/week?

4) Ethnicity

5) Gender

APPENDIX II – Interview Questions For Patients

Semi-Structured Interview Questions:

1) What has been your experience with herbal medicine?

Probes:
How did you first find out about herbal medicine/become interested in it?
How long have you been using it?
Why do you use herbal medicine?
How did you meet your current herbalist?

2) How would you describe your experience seeing your herbalist?

Probes:
Is it the same or different from visits to other healthcare practitioners How?
Can you provide some specific examples about how it is the same or different?

3) How would you describe your relationship with your current herbalist?

Probes:
How does it differ from your relationship with other health care practitioners?
Can you provide some specific examples about how it is the same or different?

4) What would make your relationship with your herbalist better?

Probe:
Anything that makes it difficult?

5) How do you think your personal relationship with your herbalist affects your health/ how well you are doing with treatment?

Probes:
Can you provide some specific examples to illustrate?

6) Do you have any other thoughts or experiences that you would like to share?

Structured Questions at the end of the interview:

1) How long have you been seeing this herbalist?

2) When was your last visit?

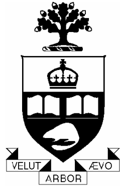
3) How many times per month/year do you visit a herbalist?

4) What year were you born?

5) Ethnicity

6) Gender

APPENDIX III – Herbalist Information Letter



University of Toronto

Herbalist Information Letter

Study: The Nature of the Patient-Herbalist Relationship

DATE

Dear Name:

I am writing to ask for your assistance. I am conducting a qualitative study exploring the patient-herbalist relationship in herbal medicine practice for my Master's thesis. I would like to invite you to participate in my study.

When and where will the study take place?
Data for the study will be collected through interviews with both herbalists and patients in Ontario.

Who is being asked to take part and what will they do?
Herbalists and patients of herbal medicine such as yourself will be asked to participate in the study. To be included in the study, you must satisfy the following criteria:

Herbalists:

1) Currently a practicing herbalist
2) Located in Ontario
3) Able to speak English

During the interview, you will be asked to describe your opinions/experience regarding the patient-herbalist relationship in which you are involved. You will take part in an individual interview lasting about 30 minutes to one hour conducted by me, the principal investigator. Your interview will be tape-recorded and transcribed verbatim.

You will also be asked to help recruit approximately two of your patients by posting a notice in your office inviting patients to participate in the study for the duration of approximately one week. To be included in the study, patients must satisfy the following criteria which will be determined by the principal investigator:

Patients:

1) Has visited with the herbalists at least once in the last week
2) Able to conduct an interview in English
3) Able to give informed consent

What are the risks and benefits of the study?
The study has minimal risk. Participation is voluntary, you are not required to answer any questions that you do not want to and participation or non-participation will not have any affect on your professional or personal life. You have the right to withdraw from the study at any time with no adverse consequences.

Is the study confidential?
All of the data collected will be kept strictly confidential. Your name will not be used at any stage of the research process. You will be given a unique study identifier code to ensure privacy, and the names of persons identified in interviews will be removed from the transcriptions. All data will be kept on a secure computer and access to the computer will be by use of specific passwords known only to my supervisor and myself. The completed interview schedules, transcriptions and audiotapes will be stored in a secure locked cabinet. No information will be released or printed that would disclose any personal identity. You will be allowed to review any quotes that will be used in the final report.

What if something new comes up during the study that may affect my participation?
You will be notified if anything comes to light during the course of this research, which is not included in this information sheet that may influence your decision to participate in the study.

Will I be compensated for participating in this study?
You will not be compensated for your participation.

What are my rights as a participant?
If you have any questions about your rights as a participant, please contact Marianna Richardson at the University of Toronto. Tel: 416-978-3165; email: marianna.richardson@utoronto.ca.

Your participation is very important to the study and I hope that you will agree to take part. I will contact you in approximately one week to confirm your interest in participating and to answer any questions or address any concerns that you may have about the study.

Please keep the information sheet and a copy of the informed consent for your own records.

Sincerely,

Christine Dennis CHT, RH
Principal Investigator
University of Wales
Scottish School of Herbal Medicine
R.R. #1
Port Burwell, ON
N0J 1T0
Ph: (519)874-4532
christinedennis@start.ca

Heather Boon, BScPhm, PhD
Supervisor
Leslie Dan Faculty of Pharmacy
University of Toronto
19 Russell St.
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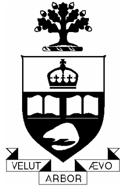
APPENDIX IV – Patient Information Letter



University of Toronto

Patient Information Letter

Study: The Nature of the Patient -Herbalist- Relationship

DATE

Dear Name:

I am writing to ask for your assistance. I am conducting a qualitative study exploring the patient-herbalist relationship in herbal medicine practice for my Master's thesis. I would like to invite you to participate in my study.

When and where will the study take place?
Data for the study will be collected through interviews with both herbalists and patients in Ontario.

Who is being asked to take part and what will they do?
Herbalists and patients of herbal medicine such as yourself will be asked to participate in the study. To be included in the study, you must satisfy the following criteria:

1) Have visited with the herbalists at least once in the last week
2) Able to conduct an interview in English
3) Able to give informed consent

During the interview, you will be asked to describe your opinions/experience regarding the patient-herbalist relationship in which you are involved. You will take part in an individual interview lasting about 30 minutes to one hour conducted by me, the principal investigator. Your interview will be tape-recorded and transcribed verbatim.

What are the risks and benefits of the study?
The study has minimal risk. Participation is voluntary, you are not required to answer any questions that you do not want to and participation or non-participation will not have any affect on your professional or personal life. You have the right to withdraw from the study at any time with no adverse consequences.

Is the study confidential?
All of the data collected will be kept strictly confidential. Your name will not be used at any stage of the research process. You will be given a unique study identifier code to ensure privacy, and the names of persons identified in interviews will be removed from the transcriptions. All data will be kept on a secure computer and access to the computer will be by use of specific passwords known only to my supervisor and myself. The completed interview schedules, transcriptions and audiotapes will be stored in a secure locked cabinet. No information will be released or printed that would disclose any personal identity. You will be allowed to review any quotes that will be used in the final report.

What if something new comes up during the study that may affect my participation?
You will be notified if anything comes to light during the course of this research, which is not included in this information sheet that may influence your decision to participate in the study.

Will I be compensated for participating in this study?
You will not be compensated for your participation.

What are my rights as a participant?
If you have any questions about your rights as a participant, please contact Marianna Richardson at the University of Toronto. Tel: 416-978-3165; email: marianna.richardson@utoronto.ca.

Your participation is very important to the study and I hope that you will agree to take part. I will contact you in approximately one week to confirm your interest in participating and to answer any questions or address any concerns that you may have about the study.

Please keep the information sheet and a copy of the informed consent for your own records.

Sincerely,

Christine Dennis CHT, RH
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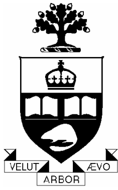
APPENDIX V – Herbalist Consent Form



University of Toronto

Herbalist Consent Form

Study: The Nature of the Patient- Herbalist Relationship

I have read the accompanying letter of information, I have had the nature of the study explained to me, and I agree to participate in the study described. I understand that the interview will be tape recorded. All questions have been answered to my satisfaction.

I understand that the principal investigator, Christine Dennis, a Master's student at the University of Wales/Scottish School Of Herbal Medicine, will interview me and that this study is the thesis requirement for her Master's degree.

I understand that I am being asked to post information about the study to my patients and that approximately two will be interviewed. I will not be told which, if any, of my patients participate in the study.

I understand that any information I provide for the study is strictly confidential and that I will only be identified by a unique code that will only be accessible to the principal investigator and her thesis supervisor of the Canadian study. All audiotapes and transcripts from the study will be stored in a locked cabinet at the University of Toronto. Any identifying names or information will be removed from the interview transcripts.

I will have the right to review any of my quotations that are to be used in reports of the study results.

I understand that my participation in this study is voluntary and that I have the right to withdraw at any time.

DATE: ____/____/____ (to be dated by participant)

SIGNATURE OF PARTICIPANT: _________________________

PRINTED NAME OF PARTICIPANT: ______________________

DATE: ____/____/_____ (to be dated by individual obtaining consent)

SIGNATURE OF INDIVIDUAL OBTAINING CONSENT: ________________________

Christine Dennis CHT, RH
Principal Investigator
University of Wales
Scottish School of Herbal Medicine
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APPENDIX VI – Patient Consent Form

University of Toronto

Patient Consent Form

Study: The Nature of the Patient-Herbalist Relationship

I have read the accompanying letter of information, I have had the nature of the study explained to me, and I agree to participate in the study described. I understand that the interview will be tape recorded. All questions have been answered to my satisfaction.

I understand that the principal investigator, Christine Dennis, a Master's student at the University of Wales/Scottish School Of Herbal Medicine, will interview me and that this study is the thesis requirement for her degree.

I understand that any information I provide for the study is strictly confidential and that I will only be identified by a unique code that will only be accessible to the principal investigator and her thesis supervisor of the Canadian study. All audiotapes and transcripts from the study will be stored in a locked cabinet at the University of Toronto. Any identifying names or information will be removed from the interview transcripts.

I understand that my participation in this study is voluntary and that I have the right to withdraw at any time.

I will have the right to review any of my quotations that are to be used in reports of the study results.

DATE: ____/____/____ (to be dated by participant)

SIGNATURE OF PARTICIPANT: _________________________

PRINTED NAME OF PARTICIPANT: ______________________

DATE: ____/____/_____ (to be dated by individual obtaining consent)

SIGNATURE OF INDIVIDUAL OBTAINING CONSENT: ________________________

Christine Dennis CHT, RH
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Fax: (416)978-1833
heather.boon@utoronto.ca

APPENDIX VII – Ethics Approval Form

UNIVERSITY OF TORONTO

Office of the Vice-President, Research and Associate Provost

Ethics Review Office

PROTOCOL REFERENCE #14217

June 8, 2005

Prof. H. Boon
Pharmaceutcal Sciences
19 Russel Street
University of Toronto
Toronto M5S 2S2

Ms. C. Dennis
University of Wales
RR #1
Port Burwell, ON NOJ 1T0

Dear Prof. Boon and Ms. Dennis:

Re: Protocol entitled, "The Nature of Patient-Herbalist Relationship" (Revised June 3, 2005) by Prof. H. Boon (supervisor), Ms. C. Dennis (Master's student, University of Wales)

ETHICS APPROVAL **Original Approval Date: June 8, 2005**
Expiry Date: June 7, 2006

We are writing to advise you that the Health Sciences I Research Ethics Board has granted approval to the above-named research study, for a period of **one year**. Ongoing projects must be renewed prior to the expiry date. Your ethics protocol approval is valid for a period of 1 year. It is the responsibility of the investigator to maintain a valid approval throughout the duration of the research activity, and to report to the Ethics Review Office of its completion. Annual Renewal of Ethics Approval forms and Study Completion Report forms can be found at http://www.rir.utoronto.ca/ethics_hsmaterials.html.Consequences of expired ethics protocol approvals may include the freezing of funds and/or refusal to review new ethics protocol submissions.

The following documents (revised June 3, 2005) have been approved for use in this study:

Interview Questions for Herbalists, Interview Questions for Patients, Herbalist Information Letter, Patient Information Letter, Herbalist Consent Form, and Patient Consent Form, Follow Up Phone Call to Herbalist, Phone Script for Potential Participants, Recruitment Flyer and Confidentiality Agreement.Participants should receive a copy of their consent form.

During the course of the research, any significant deviations from the approved protocol **(that is, any deviation which would lead to an increase in risk or a decrease in benefit to participants**) and/or any unanticipated developments within the research should be brought to the attention of the Ethics Review Unit.

Best wishes for the successful completion of your project.

Yours sincerely,

Marianna Richardson
Ethics Review Coordinator

xc: Dr. N. Kreiger, Chair Health Sciences I Research Ethics Board
Prof. D. M. Grant, Assoc. Dean Research, Faculty of Pharmacy

Simcoe Hall 27 King's College Circle Toronto Ontario M5S 1A1
Telephone 416/ 978-3165 Fax 416/ 946-5763 email: ethics.review@utoronto.ca

APPENDIX VIII – Coding Tree and Nodes

Coding Tree and Nodes

(1 1) Herbalist
- (1 1 1) demographics
- (1 1 2) characteristics
  - (1 1 2 1) intuitive 13
  - (1 1 2 2) flexibility~open 17
  - (1 1 2 3) unconditional loving~caring~gentle 28
  - (1 1 2 4) helping intensions 21
  - (1 1 2 5) non-judgmental 15
  - (1 1 2 6) honesty 5
  - (1 1 2 7) connected 18
  - (1 1 2 8) role model 9
  - (1 1 2 9) humour 4
  - (1 1 2 10) respectful 15
  - (1 1 2 11) passionate 3
  - (1 1 2 12) confident 3
  - (1 1 2 13) patience 5
  - (1 1 2 14) negative characteristics
    - (1 1 2 14 1) arrogant 1
  - (1 1 2 15) good communicator 24
  - (1 1 2 16) spiritually connected ~practising 6
- (1 1 3) herbal holistic practice
  - (1 1 3 1) intuition 3
  - (1 1 3 2) helping
    - (1 1 3 2 1) Facilitator 25
    - (1 1 3 2 2) boosting confidence 14
    - (1 1 3 2 5) supportive 9
  - (1 1 3 3) comfortable
    - (1 1 3 3 1) boundaries 3
    - (1 1 3 3 3) personal touch 7
    - (1 1 3 3 4) freedom~release 3
    - (1 1 3 3 6) trust 14
    - (1 1 3 3 7) safe 14
    - (1 1 3 3 8) rapport 5
    - (1 1 3 3 9) flexible~starting where they're at 10
  - (1 1 3 4) transforming 1
  - (1 1 3 5) team player 4
  - (1 1 3 6) connected 11
  - (1 1 3 7) mutually beneficial 5
  - (1 1 3 8) available 6
  - (1 1 3 9) environment
    - (1 1 3 9 1) healing 3
    - (1 1 3 9 2) relaxed~comfy 8
  - (1 1 3 10) body~mind~spirit healing 14
  - (1 1 3 11) making own medicines 4
  - (1 1 3 12) encourages self healing 6
  - (1 1 3 13) sharing
    - (1 1 3 13 1) self 2
    - (1 1 3 13 2) time 6
    - (1 1 3 13 3) facilitator~resource 2

(1 2) Patient
- (1 2 5) demographics
- (1 2 6) characteristics

- (1 2 6 1) positive
  - (1 2 6 1 1) trust~gratitude 9
  - (1 2 6 1 2) openness~honesty 15
  - (1 2 6 1 3) willing to change 2
  - (1 2 6 1 4) conscious participant 6
  - (1 2 6 1 5) connection to plants 8
  - (1 2 6 1 6) realistic expectations 3
  - (1 2 6 1 7) respectful 6
- (1 2 6 2) negative
  - (1 2 6 2 1) skeptical 2
  - (1 2 6 2 2) not cooperative~committed 4
  - (1 2 6 2 3) hardened~closed off 1
  - (1 2 6 2 4) cheating 1

(1 3) Barriers
- (1 3 1) access 4

(1 4) Differences
- (1 4 1) time 10
- (1 4 2) listening 6
- (1 4 3) no connection~relationship 3
- (1 4 4) not gentle 4
- (1 4 5) not sharing~explaining 1
- (1 4 6) not patient 4
- (1 4 7) lack trust 1
- (1 4 8) environment 4

(1 6) Types
- (1 6 1) friend 6
- (1 6 2) unique~casual 4
- (1 6 3) not hierarchal 3

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