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Exploring patient views of empathic optimistic communication for osteoarthritis in primary care: A qualitative interview study using vignettes.

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1 Abstract

2 Background:

3 Osteoarthritis (OA) causes pain and disability. An empathic optimistic consultation approach can
4 improve patient quality of life, satisfaction with care, and reduce pain. However, expressing
5 empathic optimism may be overlooked in busy primary care consultations and there is limited
6 understanding of patients' views about this approach.

7 Aim:

8 To explore patients' perspectives on clinician communication of empathy and optimism in primary
9 care OA consultations.

10 Design:

11 Vignette study with qualitative semi-structured interviews.

12 Setting:

13 Purposefully sampled patients (n=33) aged 45+ with hip/knee OA from Wessex GP practices.

14 Method:

15 Fifteen participants watched two filmed OA consultations with a GP, and eighteen participants read
16 two case vignettes. In both formats, one GP depicted an empathic optimistic approach and one GP
17 had a 'neutral' approach. Semi-structured interviews were conducted with all participants and
18 analysed using thematic analysis.

19 Results:

20 Patients recognised that empathic communication enhanced interactions, helping to engender a
21 sense of trust in their clinician. They felt it was acceptable for GPs to convey optimism only if it was
22 realistic, personalised and embedded within an empathic consultation. Discussing patients'
23 experiences and views with them, and conveying an accurate understanding of these experiences
24 improves the credibility of optimistic messages.

25 Conclusion:

26 Patients value communication with empathy and optimism, but it requires a fine balance to ensure
27 messages remain realistic and trustworthy. Increased use of a realistic optimistic approach within an

empathic consultation could enhance consultations for OA and other chronic conditions, and improve patient outcomes. Digital training to help GPs implement these findings is being developed.

How this fits

Previous studies in trial and/or laboratory settings suggest that clinician communication with empathy and optimism is likely to improve patient satisfaction, and experience of pain via mechanisms underpinning contextual or 'placebo' effects. There is a paucity of evidence about how patients feel about this approach, and therefore how it might work in real life primary care consultations. This study highlights that a fine balance is necessary to communicate realistic empathic optimism so that it is acceptable to patients. Clinicians who adopt this approach have the potential to enhance primary care consultations for OA, and other chronic conditions, and improve patient outcomes.

Introduction

Effective communication in primary care is vital to meet the complex needs of patients with chronic diseases and engage them with self-management of symptoms¹⁻³. There is a wealth of research into consultation styles, contributing to "effective communication", with empathic verbal and non-verbal communication shown to have patient benefits including improved satisfaction and reduced pain^{1,4}. Showing empathy in the consultation, in combination with communicating optimistic expectations about treatment has the potential to improve clinical outcomes via mechanisms underpinning contextual or 'placebo' effects^{3,5,6}. By conveying a positive message, clinicians can encourage patients to have positive outcome expectancies, i.e. to believe a specific course of action or treatment will likely result in successful management of disease^{3,7}.

Contextual and 'placebo' factors make clinically meaningful contributions across diverse conditions including Osteoarthritis (OA)⁸⁻¹¹. This common and disabling condition affects 1 in 5 adults over 45 in the UK, with hip and knee being frequently affected joints^{12,13}. NICE guidance¹² recommends non-pharmacological treatments such as exercise and weight loss first line, and these have a similar effect size to medications such as non-steroidal anti-inflammatory drugs¹⁴. However, patients often seem reluctant to engage with or struggle to undertake these strategies¹⁵. Thus, the need for communication approaches within primary care consultations that can better engage patients with these treatments^{16,17}. The benefits of empathic and optimistic communication are accepted in the literature^{4,18,19} with evidence to show clinician communication style influences patient engagement

1 with, and expectations of positive health outcomes, which in turn can lead to improved patient
2 outcomes such as reduced pain^{19,20}.
3 Despite the growing evidence base, a combination of empathic and optimistic communication within
4 primary care consultations is a relatively novel focus, and may not be currently prioritised in real life
5 busy consultations²¹. Much of the evidence on optimistic communication has been conducted in trial
6 and/or laboratory settings without nested qualitative work^{3,7,19}, thus information is lacking on
7 patients' perspectives on the use of empathy and optimism in everyday clinical practice.

8

9 Aims

10 This study explores patients' understanding and perspectives on empathic and optimistic
11 communication in primary care consultations for OA, using a vignette approach to help elicit
12 patients' views.

13

14 Methods

15 Research reported using the Standards for Reporting Qualitative Research framework²².

16 Setting and participants

17 Patients, aged over 45 (NICE¹² definition) with a diagnosis of hip or knee OA were recruited from
18 three Wessex Clinical Research Network GP practices representing a range of demographic
19 regions, urban and rural (Supplementary Table 1). Patients were identified through electronic
20 medical records search for coded diagnosis including OA of the hip, knee, lower limbs and 'non-
21 otherwise specified'. Patients who lacked capacity or did not speak English were excluded, along
22 with those with a visual impairment preventing them accessing vignette materials. All potential
23 participants were eligibility screened by a practice GP, and sent invitation letters and patient
24 information sheets. Interested patients returned a demographics questionnaire to the research
25 team. Participants were purposefully sampled to ensure a range of demographics (age, ethnicity,
26 gender, duration of OA symptoms, history of joint replacement surgery), educational attainment
27 and deprivation index (Supplementary Box 1). Semi-structured interviews were conducted face-
28 to-face at the participant's home, or GP surgery, allowing a comfortable, familiar environment.
29 Participants provided written informed consent prior to the start of the interview.

Study Design

A qualitative interview study was conducted using fictional vignettes to selectively stimulate conversations about empathic and optimistic communication in GP consultations. One group of participants (n=15) viewed two short films of OA consultations with actors (Supplementary Box 1). The other group of participants (n=18) read two written vignettes describing OA consultations. One film and one written vignette depicted an empathic, optimistic approach ("Dr Jones"); one film and one written vignette depicted a neutral approach ("Dr Smith") (Supplementary Box 2). The Vignette approach allowed standardised examples of an OA consultation to demonstrate these two communication approaches. Filmed examples helped demonstrate and elicit responses on both verbal and non-verbal communication behaviours under investigation. However, visual and auditory aspects of films can be distracting and lack relatability if elements differ from patients' experiences. Participants' reflections on written vignettes removed this issue and allowed participants to put themselves into the position of the patient, facilitating their interpretation of the fictional scenarios²³⁻²⁶.

Current literature on communication in primary care OA consultations was used to design the structure and content of the vignettes. The optimistic consultation script was informed by Howick et al²⁷ which reported an analysis of positive message components used in 22 randomised trials of interventions seeking to optimise patients' expectations. Neutral alternatives to these components were devised by the research team of clinicians and health psychologists, and were included in the control consultation to provide comparison. A panel of experts, including GPs and PPI representatives co-developed and agreed both vignettes to aid external validity^{25,28}.

Data collection

JV, an experienced qualitative researcher, conducted semi-structured interviews, with participants after watching the filmed consultations. An academic GP (EL) interviewed participants who had read the written vignettes. All participants were unknown to the interviewers.

The research team, including PPI representatives, developed two topic guides (Supplementary Boxes 3&4) with similar broad questions to guide discussion around the vignettes. Topic guides and vignettes were piloted with PPI representatives prior to implementation to ensure both were understandable by patients. The topic guides developed iteratively as interviews progressed, informed by field notes, and team discussion. This ensured assumptions or possible influences were identified and reflected on. Author contributions are detailed below.

Sampling continued until the research team determined no further themes could be identified from the data and that further interviews were unlikely to elicit new insights that would alter main

1 themes²⁸⁻³⁰. Patients who met inclusion criteria but were not selected (n=9) were thanked for their
2 interest. All interviews were audio-recorded (30-60mins), transcribed verbatim, and anonymised.

3 Analysis

4 A reflexive thematic analysis provided a flexible yet rich and detailed account of the data²⁸⁻³⁰. The six
5 phases of thematic analysis, as outlined by Braun&Clarke²⁸, were applied starting with familiarisation
6 of the transcripts prior to coding in NVivo (v11) software to allow iterative development of the
7 coding manual. Interviews focussed on the filmed and written vignettes were coded separately,
8 grounding the search for patterns within the individual data sets (Supplementary Table 2). Further
9 synthesis was achieved through mapping these codes and creating sub-themes that allowed an
10 interpretation that draws together the complementary and contrasting patterns in the data
11 (Supplementary Table 3). Final themes were agreed and defined in discussion with the team,
12 including clinicians, PPI, and specialists in communication and placebo research. A summary of the
13 findings were sent to interested participants. Themes were compared by participant age, gender and
14 OA joint affected but no patterns were found (Supplementary Table 1).

15 Results

16 Summary of themes

17 Three broad themes were developed, capturing patients' views on the role of empathy and
18 optimism in the primary care consultation. Theme 1 "empathy engenders trust" describes the way
19 clinician verbal and non-verbal empathic communication influences patients' sense of trust, and is
20 instrumental in establishing a consultation that patients are more likely to be satisfied with. Theme 2
21 "optimism engages patients" presents participants' views on optimistic components of
22 communication and how this affects patients' expectations about their health outcomes. Theme 3
23 "realistic optimism" highlights the fine balance necessary to convey empathic optimism in a realistic
24 way that enhances the believability of clinicians' health messages.

25 Theme 1 –Empathy engenders trust

26 *Conveying empathy engenders a sense of trust in the clinician and enhances primary care*
27 *consultations.*

28 Participants drew on their experience of healthcare interactions to describe key aspects of
29 professionalism that they feel would help them trust their primary care clinician. These included the
30 clinician appearing knowledgeable, empathic, kind and respectful. Those viewing the filmed

1 vignettes reflected on how they might feel if they were the patient in the example comparing this to
2 the neutral vignette.

3 *She was friendly, respectful and didn't make you feel as though she was*
4 *somebody up on a pedestal...you felt you could talk to her (P5, filmed vignette,*
5 *about the empathic optimistic GP)*

6 Participants identified both verbal and non-verbal components of the communication style depicted
7 in the vignettes that would contribute to their satisfaction with the consultation. They picked out
8 specific aspects of the GP's attitude and demeanour in the written and filmed vignettes such as
9 showing respect, patience, and kindness.

10 *Well she was clearly welcoming right from the start to make him feel comfortable*
11 *and she was attentive, made good eye contact and her body language showed*
12 *that she wasn't, you know, defensive. (P14, filmed vignette, about the empathic*
13 *optimistic GP)*

14 *You're going to come out of there thinking, I've been listened to intently, I've been*
15 *given some solid advice from somebody who obviously knows what they're*
16 *talking about because their whole body structure, the way they spoke, the way*
17 *they acted says that, and you're going to believe it. (P18, written vignette, about*
18 *the empathic optimistic GP)*

19 Participants described how they recognise when a clinician is actively listening to them through
20 being attentive. Participants watching the filmed vignettes commented on gestures such as the GP
21 facing the patient, leaning forward and maintaining eye contact whilst the patient spoke. In
22 comparing these actions to those exhibited by the neutral GP, participants felt these actions would
23 help to demonstrate that a clinician is interested in them as an individual.

24 *She was obviously showing concern for the patient, she was leaning forward in*
25 *the chair to sort of interact with him...she was really listening, that's what came*
26 *across. (P12, filmed vignette, about the empathic optimistic GP)*

27 Whilst they might prefer a personal history with a clinician, participants recognise that this
28 continuity might not be possible in current general practice. Instead, they felt that demonstrating a
29 holistic knowledge of patients through reference to their medical notes, or engaging in discussion
30 about lifestyle, hobbies and goals would help personalise the consultation.

I think they need to find out and build in your own health and history... there could be things that are linked to your personal history that will have a bearing on the osteoarthritis and your lifestyle...and that has to be taken into account. (P17, filmed vignette, about their own experience)

"I would say that there tends to be an inconsistency of who you see... you tend to have to, more or less say the same thing to different people but I think once it's there [in the notes] then they can access it" (P12, written vignette, about their own experience)

The GP in the empathic optimistic vignettes used approaches such as summarising concerns, and acknowledging individual frustrations, which are absent from the neutral comparison. Participants highlighted that this demonstrates that a clinician understands patient perspectives, appreciates their concerns, and is genuinely interested in helping them. Participants identified that this validation makes them feel more engaged with their health problem, and therefore more likely to participate in the proposed management plan.

"To be honest, if I was to see Dr Smith [neutral GP] I would come out maybe feeling a little bit disappointed, this one [Dr Jones empathic optimistic GP] I would come out thinking yeah this is it. I would be feeling good mentally... knowing that okay... I've got all of these exercises to do, I'm going to do this then we'll see what it's like after two months... then fine and if not, there's another one or two options". (P18, written vignette)

"It makes you feel more comfortable with them, if they treat you the way Dr Jones [empathic optimistic GP] did, in my opinion you'll leave the surgery feeling happier with yourself because he just seemed to be more concerned about you compared to Dr Smith [neutral GP]". (P4, written vignette)

Theme 2 - Optimism engages patients.

Including optimistic components in the consultation supports patients to feel more positive about their health and engages them with the healthcare message.

When discussing components of the communication demonstrated in the vignettes, participants expressed preference for hearing an individualised explanation for their symptoms, and a rationale for how the proposed management plan would benefit them. Whilst they recognised some patients might be overwhelmed with in-depth descriptions, having an opportunity to request an explanation allowed them to feel empowered to manage their own symptoms. Participants felt that this engaged

1 them and facilitated the delivery of messages about positive outcome expectations throughout the
2 consultation.

3 *It would make me feel more confident in the actual medication and what it's*
4 *supposed to do. The more information I think you can be given about [the*
5 *benefits of] medicine the better. I know some people say "don't over overload me*
6 *with science", I feel the more information you can take on board, it makes you*
7 *understand what's happening to your body. (P1, written vignette, about the*
8 *empathic optimistic GP)*

9 Participants identified that positively reinforcing the message is valuable to consolidate information.
10 They felt this confirmed the trustworthiness of the message about outcomes and could help to
11 frame the process of self-management in an optimistic manner. When the empathic optimistic GP
12 referenced their own experience, or the experience of similar patients, participants felt reassured to
13 hear a similar self-management story with a successful outcome. They felt this would also give them
14 confidence that the clinician is qualified to treat their condition. However, some highlighted the
15 importance of the individualisation of care, and they wanted to know that advice and treatment
16 suitable for another patient is relevant and appropriate for them.

17 *Yes, it's great - she's done it for other people...virtually the exact same thing...this*
18 *is very manageable, done it before; these are the good outcomes...most people go*
19 *on and live a lovely life. Actually, it's exactly that type of thing that is very*
20 *reassuring when you have no idea what you're looking at. (P1, filmed vignette,*
21 *about the empathic optimistic GP).*

22 Participants recognised the value of clinicians keeping up to date with current evidence, and
23 referencing guidelines helped to positively reinforce the believability of the healthcare message.
24 However, some felt strongly that evidence needs to be personalised to individuals' situations to
25 make it appear less generic.

26 *You're making the same recommendation to me and the other person, right? But*
27 *you're also saying our evidence shows if you do this, then this is the benefit...in*
28 *reality you're not too interested who the other people are, but it's the evidence*
29 *that says, we know if you do this there's the improvement for you. (P14, written*
30 *vignette, about the empathic optimistic GP)*

31 Participants noticed the optimistic framing of the management options and expected outcomes in
32 the empathic optimistic vignettes. Most agreed that the use of positive and clear language to convey

1 the likelihood of symptoms improving also helped motivate patients to feel more willing to try
2 suggested treatments.

3 *The way that she was presenting what she wanted him to do was very positive,*
4 *this was what he had to do, and results would happen. I think that she was*
5 *positive on that for trying to encourage him to do what she wanted to get the*
6 *outcome he wanted. (P10, filmed vignette, about the empathic optimistic GP)*

7 The neutral vignettes contained commonly heard terminology such as ‘wear and tear’ or
8 associations of OA with ‘old age’. Participants reflected on this similarity with their own experience
9 and that this painted a particularly negative outlook. They therefore welcomed the use of
10 purposefully optimistic language when talking about OA. Participants also felt that positive language
11 might directly influence patient wellbeing, making them feel happier and less anxious about their
12 health. Participants felt this was particularly useful towards the end of the consultation as it
13 influenced how they felt when they left the room.

14 *If you’re feeling happier then you can deal with your pain better than if you come*
15 *out feeling like “oh, they don’t really care”, so I think you’ll come away and sort of*
16 *feel more on top of the world. I think frame of mind can help it, can make you feel*
17 *better. (P3, written vignette, about the empathic optimistic GP)*

18 Many participants were, however, cautious about the use of purposefully optimistic language in
19 certain healthcare contexts including, for example cancer. Despite an empathic approach to
20 conveying this optimism, some participants were concerned that optimistic messages in some
21 circumstances may not always be realistic and could be perceived to be disingenuous.

22 *I would probably be more doubtful even if you used [positive] phrases like that...it*
23 *might be part of a dismissive procedure...I could see that they can be used in two*
24 *different manners...as a ‘cudgel’ or as an encouragement. (P4, written vignette,*
25 *about the empathic optimistic GP)*

26 Participants were keen to share how their previous experience of living with OA and its management
27 has shaped their understanding and perspectives on their health. Scepticism around the optimistic
28 approach was identified when messages were seen as potentially lacking credibility, particularly if it
29 conflicts with a patient’s well-established understanding of their condition.

1 *Well I wouldn't be too much in his favour...[Dr Jones] is saying yeh it will make*
2 *you better, but you think - well will it? It's been so long I've been having the*
3 *problems and he is saying "well all this will make you better", but nobody else has*
4 *told me that before. (P5, written vignette, about the empathic optimistic GP)*

5 Theme 3 - Realistic optimism

6 *Achieving the balance of realistic optimism enhances the believability of the clinician* 7 *recommendation.*

8 Participants recognised that individual patients have different ideas and expectations about how OA
9 symptoms should be managed. They agreed that aligning an optimistic healthcare message with
10 patients' perspectives would be important to avoid this potential conflict. This would also reassure
11 them about any misunderstanding and facilitate communication of a message they are more likely to
12 believe.

13 *When he made a point as to what he was doing, she responded to that and*
14 *expanded on it...that he wanted to walk the dog. She picked up on that and said*
15 *"as regards walking the dog, that's a good thing, exercise is good". (P2, filmed*
16 *vignette, about the empathic optimistic GP)*

17 The GP in the empathic optimistic vignette portrayed getting to know and connect with patients, and
18 subsequently giving specific instructions for an individualised self-management plan. Participants felt
19 this helped the optimistic message feel more realistic and the suggested outcomes more achievable.

20 *She was listening to what he was saying. She showed, by repeating some of it*
21 *back that she'd taken on board what he was saying. I think that was*
22 *good...because he was already exercising a bit, and that was one thing that she*
23 *was encouraging him...that what he already did is good, and that even the*
24 *walking the dog, that is good for you. (P4, filmed vignette, about the empathic*
25 *optimistic GP)*

26 *I liked the way that she gave him a timeframe, 6-8 weeks, so he's not expecting a*
27 *quick fix within the next 2. She's made him understand or I feel she's made the*
28 *point of trying to make him understand that it's not going to be immediate, but it*
29 *will take time and the exercises; the leg will grow stronger if you do them. (P4,*
30 *filmed vignette, about the empathic optimistic GP)*

31 Participants highlighted the value of providing a specific timeframe for follow-up as the GP in the
32 empathic optimistic vignette did. They thought this would reinforce the accountability of patients to

1 engage with the management plan and felt that the clinician was giving them permission to manage
2 their own symptoms. This respected their autonomy, but with the clinician still involved, and
3 invested in the outcome. It also acted as a safety net that they would be seen again if necessary.
4 Participants found this reassuring and considered it an effective way of making the plan feel realistic
5 for them to achieve.

6 *I'd probably come out feeling somewhat refreshed....I feel good about this! It's*
7 *alleviated a few fears...yeah, I would come out feeling quite buoyant knowing*
8 *that okay I'm going to get on and do these exercises....and see what the score*
9 *is.(P18, written vignette, about the empathic optimistic GP)*

10 Discussion

11 Summary

12 This study addressed the paucity of qualitative evidence about patients' perspectives on the use of
13 empathy and optimism in consultations³¹. Our analysis identified three key themes that may guide
14 clinicians to successfully apply an empathic optimistic approach in primary care consultations in a
15 way that is acceptable to patients: Empathy engenders trust; Optimism engages patients, and
16 Realistic optimism.

17 Clinicians need to consider the impact of verbal and non-verbal communication behaviours on the
18 credibility of communicated healthcare messages about expectations. Engendering trust is key to
19 facilitate the communication of optimistic healthcare messages and to thus encourage patient
20 engagement with self-management. Patients welcome framing information about OA in a positive
21 way with a personalised explanation that is backed-up with evidence. Using purposefully positive
22 language in the consultation can be acceptable; however, it must be realistic and relevant to avoid
23 conflict with previously held beliefs about health. Time constraints and managing multiple health
24 problems could make this approach tricky to achieve in real life consultations. An approach
25 incorporating both empathy and optimism requires a fine balance but can facilitate the
26 communication of healthcare messages that patients believe and are likely to respond to by
27 engaging in their long-term symptom management.

28 Strengths and Limitations

29 A rigorous qualitative approach has allowed the collection of in-depth data from patients who have
30 experience living with OA, and consulting about management^{28,30}. The use of vignette case studies to
31 stimulate discussion in the interviews enabled researchers to tackle the complexity of the concept

1 from two angles. Asking participants to view consultations allowed them to imagine themselves in
2 the position of the patient in the film and reflect on the non-verbal behaviours they witnessed.
3 Reading the written consultations encouraged participants to share their own experience in
4 comparison to the patient in the vignette^{24,25,30,32}. These approaches were thus mutually
5 complementary, and have provided a breadth of data, not only on individual perspectives, but also
6 the contexts in which these experiences are situated^{25,33}. This enhances the trustworthiness of the
7 data collected. However, the use of vignettes required patients to imagine themselves in the
8 described situations; this is not the same as patients actually experiencing empathic optimistic
9 communication. Future work could involve clinicians implementing this approach, to observe and
10 analyse how this functions, and elicit patients' views after they have personally experienced it.
11 Purposive sampling allowed recruitment of participants with varied demographic characteristics,
12 including levels of educational attainment and from areas with different deprivation levels as a proxy
13 of socioeconomic status³⁰. Health literacy measures were not collected. It is possible (but there is no
14 strong evidence for it ^{24,32}) that socioeconomic status and health literacy levels will influence
15 communication preference; however we found consistent themes across participants. Patient
16 ethnicity may influence likelihood of trusting a clinician³², unfortunately, our sample did not include
17 participants from diverse ethnic backgrounds. Despite the heterogeneity of educational attainment
18 of this sample, the complexities of a clinician's communication style was a challenging concept for
19 some participants. Due to the iterative design of the topic guide we were able to adjust the level of
20 enquiry to maximise participant understanding. The multi-disciplinary research team, including PPI
21 input into the design and analysis enhanced the rigour of our work and enhances the credibility of
22 our findings.

23 Comparison with existing literature

24 Trial and laboratory studies have identified that clinician conveyed optimism influences patient
25 expectation^{3,8,19}. Our data agrees with this but highlights the possible pitfalls of this approach in real-
26 life contexts.

27 Participants in this study felt that optimistic communication behaviours are likely to be better
28 received if they are conveyed in a way that acknowledges and validates patients' experiences. These
29 findings triangulate with data from observational studies about the impact of empathic
30 communication in the consultation^{34,35}. This work also highlights the importance of demonstrating
31 an interest in the patient's life^{34,35} and aligns with literature recommending patients be seen as
32 experts in their own health³⁶.

33 Clinician awareness is required throughout the consultation to remain alert to the patient's
34 perspective, which may differ from that of the clinician. It is recognised that clinicians and patients

often have different yet similarly rational perspectives on the same subject, which can create a barrier to effective consultations, particularly in chronic conditions^{15,37,38}. Getting to know patients in a holistic way can ensure recommendations about management are realistic and designed to take into account the needs of the individual. However, participants acknowledged that this can be difficult to achieve in time pressured consultations²¹. Sensitivity to the patient's perspective confirms to them that they have been listened to and can make them feel more engaged in the consultation^{37,38}.

Our research also highlights the importance of avoiding the communication of unrealistic optimism and the risk of invoking the nocebo effect, a phenomenon during an encounter that can do harm as well as good^{9,38}. Participants highlighted that unrealistic optimism could disengage them from self-management of symptoms. This potential pitfall chimes with the findings of a recent review³⁹ into the role of placebo in pain management. This identified an alignment in belief and desire for treatment outcomes between patient and clinician as a key factor for successful enhancement of contextual or 'placebo' responses. Conveying optimism is therefore only likely to optimise outcomes if the consultation is tailored to the individual perspectives of the patient, and they believe and trust the clinician.

Implications for research and/or practice

This is the first qualitative attempt to identify patients' perspectives on the combined use of empathy and optimism to enhance engagement and patient expectations about OA outcomes in primary care. This study highlights the importance to patients of clinicians employing empathetic communication to engender trust, therefore laying the groundwork for the use of realistic optimism in the consultation. Patients felt that increased use of this approach had the potential to enhance primary care consultations for OA, and other chronic conditions, by improving patient engagement with treatment and expectations about health outcomes. These findings are unlikely to be unique to OA or primary care, and patients' views should be sought in different contexts (i.e. other diseases in other healthcare settings) and with other patient groups (i.e. ethnic minorities, younger age groups). This communication approach should be incorporated into communication skills training for GP registrars and as continuing professional development opportunities for practicing GPs wishing to enhance their consultation style. This study has informed the development of the Empathica communication tool for this purpose, which is currently undergoing feasibility testing in a NIHR SPOR funded study (https://www.southampton.ac.uk/medicine/academic_units/projects/empathica.page).

Conclusions

Patients value communication with empathy and optimism, but this requires a fine balance to ensure messages remain both realistic and trustworthy. Increased use of a realistic optimism within an empathic consultation could enhance consultations for OA and other chronic conditions, and improve patient outcomes.

Ethical approval

- This study was approved by West Midlands - South Birmingham REC (19/WM/0027) on 15.1.19 and by the HRA on 15.1.19.

CRediT Taxonomy of author contribution

- EL, JV, FB, PL, HE, CM, LM, LY, JH provided input into conceptualisation and funding acquisition for this project.
- EL, JV, FB, PL, HE, JH and JB provided input into the methodology development.
- EL, JV, PM, FB, KS, MR, SH, HE were involved in the resource development and data curation along with PPI representative JB, with EL, JV, PM, FB, HE, JH, GL responsible for formal analysis.
- Investigation was conducted predominantly by EL and JV and project administration, software support were supported by KS and SH.
- Supervision and validation was provided by JV, FB, JH and HE.
- This work has been prepared for presentation by EL, JV and KS.
- The original draft was written by EL and JV, and review and editing support provided by FB, PM, JH, KS, MR, SH, HDM, JB, LM, CM, LY, GL, PL and HE.

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