## Title – Putting a figure on the GP-patient relationship – adaption of a quantitative tool

**Author and affiliations -** Elizabeth Sturgiss, Shelley L. Galvin, Elizabeth Rieger, Emily Haesler, Matthew Ridd, Kirsty Douglas

**Background**

As GPs, we instinctively know that the connection we have with our patients is important, but currently there is no tool that allows measurement of this relationship. In psychology, the “Working Alliance Inventory” (WAI) is a short survey tool that measures psychologist-client relationships across three elements of therapeutic alliance (i.e. bond, goal and tasks).

**Aims**

To adapt the WAI for use in general practice and determine concurrent validity with a measure of shared decision making (DYDADIC) and depth of relationship (PDDR).

**Method**

Online survey feedback from 55 GPs and 47patients was used to adapt the wording of the WAI. The WAI-GP was then completed by 142 patients and 18 GPs. Concurrent validity was determined using Spearman’s Rho correlations as WAI-GP scores were highly positively skewed.

**Results**

In the online survey, participants highlighted phrases that were perceived as judgmental, or less relevant for the GP setting, and these were re-phrased. In the clinical setting, 89 (62.7%) of the patients were female, most were over the age of 45 years (52.9%) and 72 (50.7%) had a chronic illness. 107 patients (75.4%) said they saw their preferred GP. Overall the patients had a good experience in their consultation and this was reflected in the positively skewed WAI-GP data. The patient measure of WAI-GP was strongly correlated with DYDADIC (*r* = 0.705, *p* = 0.0001); and PDDR (*r* = 0.591, *p* = 0.0001). WAI-GP was not correlated with the measures of social desirability.

**Conclusion**

The WAI has been adapted for use in general practice and shows convergent validity with measures of shared decision making and depth of relationship, and divergent validity with measures of social desirability. The WAI-GP is a promising tool for assessing how and why interventions might work, and evaluating strategies designed to enhance the GP-patient therapeutic alliance.