CONTINUED MEDICAL EDUCATION

Rapport Building in community settings

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CITATION
https://doi.org/10.47203/IJCH.2023.v35i04.003

ARTICLE CYCLE
Received: 11/06/2023; Accepted: 26/11/2023; Published: 31/12/2023
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ABSTRACT
Establishing good rapport and interpersonal relationship is crucial aspect for public health researcher to embark upon authentic information and concerns of local community that later might have a bigger public health impact in policy making. Despite of its importance, researchers often fail to favourably present themselves in front of participants. The active listening, maintaining eye contact, self disclosure, tuning in, sharing expectations and intentions, non verbal cues, persistent contact and being empathetic are some of the most common techniques of rapport building discussed in literatures. Despite the fact that they have been proved to be beneficial, they do not provide clarity on “what, when, or where”.

KEYWORDS
Rapport Building; Interpersonal Relationship; Public Health

INTRODUCTION
One of the most significant attributes and characteristics of unconscious human communication is rapport building. It is established when two persons are synchronised and coordinated or in same frequency on a particular viewpoint. It enables their unconscious mind to hear and implement advice of each other. Rapport is a measure of professional communication competencies that is expected to emerge from first interaction with participants/sources (1). Public health research is witnessed to be blend with community participation and coordination among stakeholders; rapport building is utmost priority tool to enhance public health implementation and action. Hence, rapport building and good communication is crucial to get a quality data. Rapport building fosters reciprocal trust, understanding, and respect between researchers and participants, allowing them to openly exchange personal information, perspectives, and experiences. Establishing rapport while collecting data in a community can be challenging, uncomfortable, and even futile at times. Similarly, the researcher may feel affection for some participants but not others, or the interviewer may feel the same way (2). If rapport isn't established; the participant may grow suspicious of the researcher's motives, may not disclose truthful information or conceal critical information. Studies reveal the significant effect of rapport building in medical care provided at primary and hospital care (Table 1).
Table 1: Evidence from literatures showing effectiveness of rapport building

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Study title</th>
<th>Author/Year</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The Effect of Rapport on Data Quality in Face-to-Face Interviews: Beneficial or Detrimental?</td>
<td>Horsfall, M. et al 2021(3)</td>
<td>High level of rapport decreases the odds of more missing responses by 20%.</td>
</tr>
<tr>
<td>2.</td>
<td>Building trust and rapport early in the new doctor-patient relationship: a longitudinal qualitative study</td>
<td>Dang et al. 2017(4)</td>
<td>Identified five actionable behaviors as effective in mitigating patients’ anxiety and building a trust relationship with the doctor: 1) providing reassurance, 2) telling patients to ask questions, 3) show and explaining lab results to patients 4) avoid judgmental language and behaviors and 5) ask patients their preferences.</td>
</tr>
<tr>
<td>3.</td>
<td>The meaning of rapport for patients, families, and healthcare professionals: A scoping review</td>
<td>English et al. 2022(1)</td>
<td>Act of kindness and courtesy, or non-judgmental act in part of health professionals enhance rapport-building</td>
</tr>
<tr>
<td>4.</td>
<td>“Let Me Tell You About My…” Provider Self-Disclosure in the Emergency Department Builds Patient Rapport</td>
<td>Zink, KL. Et al. 2017(5)</td>
<td>Healthcare workers’ Self-disclosure was found to be associated with more positive patient’s perception of his communication skills, rapport and higher satisfaction with provider’s communication.</td>
</tr>
</tbody>
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Therefore, establishing good rapport and interpersonal relationship is crucial aspect for public health researcher to embark upon authentic information and concerns of local community that’s later might have a bigger public health impact in policy making. However, despite the importance of rapport building, researchers often fail to favourably present themselves in front of participant. Particularly, when the researcher are in unfamiliar territory such as in participant’s home or office, their main focus stays on efficiently gathering the information of interest whereas rapport building took a backseat. But, this should not happen; rather the researcher should be committed to establishing personal connections built on mutual trust, respect, and consent; and recognize that they are carrying out research with their participants, and not on them. Literatures have pointed outsights of growing rapport such as increase in flow of conversation, disclosure of sensitive information, relaxed body language, increased eye contact and improvements in listening and responding. On the other hand, long periods of silence, sudden withdrawal of conversation, lack of eye contact, brief responses and defensive body language are all the signs of resistance. Hence, the researcher must be well trained to identify these cues as well as in facilitating a bond with participants. Consequently, given the current position of rapport building in research, we have identified various techniques of rapport building in community. The techniques presented below are based on literature search and can be helpful while conducting research in community.

**Techniques of Rapport building**

Rapport building is not solely based on efforts of a single person; rather it requires two way communications. The literature suggests a variety of techniques that a researcher can use to establish a rapport with participant.

**Sharing expectations and intentions**

Community members favors investigator who are sincere and honest about their intentions. As the participants are unaware about the research objectives, it is the responsibility of researcher to clearly reveal their intention and expectations to the research participants. Christopher, S. et al. has revealed in their study that after their Project staff met with the community group, explained the history of the project, and asked for their support and
participation, the group became avid supporters and has been involved with it ever since (6). As a result, it signifies the importance of always telling the project’s history to the participants who get involved.

**Non-verbal behaviors**
Appropriate nonverbal communication helps in improving the quality of communication between the researcher and the subjects. Leaning forward, turning one’s self toward the source, shortening the gap between oneself and subject, and good eye contact are all examples of these behaviours (7). However, these behaviours should be employed with sensitivity towards the cultural norms of the subject. These may be very beneficial during the ice-breaking session or even during the interview. Beside this, the attentive facial expression demonstrates the researcher’s interest in the participants while also encouraging participants to express themselves. Researchers should also anticipate the demands of participants and maintain consistency in contact. According to Molden, people like people who are similar to them (8). Hence, the researcher should pay attention to the participant’s appearance/ dress code, language used, and speaking style and try to align with them. Use words and body language that are complementary and non-threatening (9). Eye contact is also crucial in demonstrating sincerity and establishing trust. When someone speaks, the researcher should look at the person in the face, maintain eye contact, occasionally tilt the head to the side to signal interest and nod intermittently.

**Active listening**
Interviewers can also use verbal behaviour, to signal attention to a participant by engaging in active listening. Using brief affirmative response such as ok, yes and occasionally paraphrasing back what the source has said can demonstrate the interviewer’s interest and engagement. Other active listening responses that have been found to be useful include summarizing, or labelling what the other person has said. Summarising of information provides the opportunity to correct the information that a person may have misunderstood or not understood clearly. Besides that, using the source’s name or preferred title may also help to personalize the conversation and communicate the interviewer’s focus on the source.

**Self-disclosure**
Self-disclosure refers to revealing information about oneself. Emotional disclosure with the source can help to relate, feel closer, gain trust and cooperate more effectively. However, the research must have the competency to identify the right time to disclose and its sensitivity to source’s response. According to a study, self-disclosure is also influenced by researcher’s level of comfort in talking about themselves, perceived similarities in personalities, and awareness of the need to maintain professional boundaries (10,11). On the other hand, inappropriate disclosure could backfire and may undermine source’s respect for interviewer.

**Tuning in**
Common interests between the researcher and the person being investigated can facilitate the development of rapport. Hence, the researcher should begin by sharing small things in order to find something that both parties share, such as hobbies, city/town, and so on. For example, wearing too formal clothing can reinforce a perception of researcher as detached professionals (11). Tuning in entails investigator being cognizant and help blending in, in ways that are meaningful and understandable to consumers. However, the researcher should avoid overdoing it or purposefully inventing similar interests or replicating the language and dress code, as this may turn off the participant.

**Developing mutual relation**
Mutual relation also known as ‘Attempting to understand’ or ‘being empathetic’ necessitates researcher endeavouring to place himself/herself in consumers’ positions (11). Trying to see the situation from insiders’ points of view, helps to provide researcher with a sense of understanding of participant’ experience, while acknowledging that they can never completely understand their experience.
By perceiving the situation from participant’s perspective, the participant will feel supported and comprehended.

**Persistence of contact**

Longer periods of communication are favorable to the rapport. Though it does not imply that the researcher and participant will necessarily like each other as interaction grows, but it does imply that the participants feel more comfortable and give more preference to continuous interaction with the same researcher over period as compared to interacting with a new one. Therefore, staying continuously in contact with the source can act as a privilege for the researchers.

**Research experience in rapport building**

Research project require the field staff to mingle with rural community to assess their health needs and challenges. The Participants included were communities living in the mountainous regions. Since the nature of study necessitates a considerable amount of effort and time invested in the field, field staff has to have a strong rapport with the participants in order to establish a connection that would lead to the exchange of informative data. Following methods of rapport building have been practiced (Figure 1):

**Figure 1: Phase wise methods of rapport building in community**

1. **Greet & meeting approach:** Stakeholders includes the individuals and institutions that are accountable for the delivery of services at the community level such as elected and appointed officials, civil servants, and service providers. They hold the power to make decisions about local laws, resources and services in favor of community. Also, they could mobilize the community to participate in the research activities. As a result, Greet and meet approach with stakeholders was employed to develop trusting and confident relationship and facilitates the approval for conducting project activities.

2. **Granting permission from higher authority to build self-confidence:** The most difficult aspect of rapport building is establishing rapport in communities that are naturally skeptical of "outsiders." They frequently believe that researchers utilize their distressing situation in order to make a profit while making little contribution to community wellbeing (12). As a result, a researcher can only obtain access to communities after consulting higher...
authority, who would first determine that the research is ethically sound, mindful of local concerns and norms, not opportunistic, and committed to the community's well-being. To convince them, it is critical to notify local stakeholders about the planned implementation, its purpose, expectations, and their contributions.

3. **Local leader sensitization for aim and objectives of project:** Local leader such as ASHAs, ANMs, and PRI members have complete information about the issues and resources of community and also have channels of communication inside the community. Mwape J et al. discovered that the absence of stakeholder involvement in public health activities resulted in a lack of harmonization in activities and thus recommended that local stakeholders be sensitized and engaged through a multidisciplinary approach for the successful implementation of public health interventions (13).

4. **Inter-stakeholder dialogue through PLA (Participatory learning &Action) technique:** Inter-stakeholder dialogue through PLA is a crucial step community based project. It helps to unlock their ideas and information not only on the nature and causes of the challenges that affect them, but also on available opportunities and realistic solutions within the community. Hence, a brainstorming session amongst the stakeholders was conducted to solicit input in order to identify what is available and what needs to be accomplished for successful implementation of the project.

5. **Community engagement through social cultural bonds:** The purpose of community engagement is to create a participatory culture in which members are happy to interact with the researcher or one another. In order to engage community, it is necessary to make them feel comfortable, develop a sense of belongingness and valued. Hence, having open conversation about the community’s cultural practices, sharing information of own and showing respect helped in engaging community.

6. **Person-centered approach for problem solving:** Person centered approach refers to designing the interventions tailored to the needs and unique circumstances of person. Individual level approach helps the researcher to gain the trust of community by making the individual feel valued. At the same time, helps individual gain the knowledge, skills and confidence to make informed choices about their care. Hence, a person centric approach was used prior to addressing the problem at a whole.

7. **Need assessment through FGD (Focus group discussion):** Community needs assessment identifies the strengths and resources available in the community to meet the needs of selected community. Need of community was assessed through compilation and analysis of qualitative data. Qualitative data in form of group discussions or interviews aid in the exploration of intangible aspects by capturing sentiments, attitudes, intents, or life experiences, and it gives contextual information that may be under-presented in the quantitative data.

**Conclusion**
This paper emphasizes the importance of rapport-building skills for field researchers during the research process. A strong rapport is essential for persuading participants to cooperate and share information from their experience and understanding. The value of rapport for effective interviewing can be enhanced by explicitly considering techniques of rapport building as part of the research planning and preparation process. In this study, we identified seven methods that interviewers can use to build an effective rapport in community. However, the investigator should keep a watch on rapport not just initially but also throughout the interview and not presume that rapport established initially will be self-sustaining.

**Reference**
1. English, W., Gott, M., & Robinson, J. The meaning of rapport for patients, families, and healthcare