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BATHE Technique: A Comprehensive Review of the Evidence and its Application in Healthcare

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Abstract: The Background–Affect–Trouble–Handling–Empathy (BATHE) technique is a structured, empathy-oriented consultation model increasingly applied in primary and inpatient healthcare settings. This study aimed to comprehensively review the evidence and application of BATHE technique in healthcare setting. This narrative review, through a targeted literature search strategy, synthesized evidence from 33 peer-reviewed studies. Of these, 17 studies explored the use of BATHE technology in patient-physician consultation cases and training methods, while the remaining 16 focused on its clinical application in improving patient satisfaction, empowerment, self-management, and reducing preoperative anxiety. Randomized controlled trials (RCT) from Nigeria, India, and South Korea showed that BATHE-based interventions improved patient satisfaction by 15–30% compared to standard care. A Turkish study in Type 2 diabetes patients reported significantly higher Diabetes Empowerment Scale scores in the intervention group ($\Delta = 10.6$ vs. 5.6, $p < 0.001$). UK-based qualitative studies highlighted enhanced patient self-management and awareness. Preoperative trials ($n = 463$) indicated reduced anxiety scores (STAI) by 3–4 points. However, fidelity studies revealed implementation inconsistencies, including step omissions and deviation from the BATHE sequence, with time constraints being a major barrier in clinical practice. BATHE demonstrates short-term efficacy in enhancing patient experience, empowerment, and emotional well-being across cultures. However, its long-term impact on physiological and behavioral outcomes remains untested. Future research should include large-scale, longitudinal RCTs linking BATHE to hard clinical endpoints and explore how to incorporate BATHE technique into physicians' routine practice to further patient satisfaction and patient care quality.

Keywords: BATHE technique, Patient-physician communication, Consultation techniques, Patient satisfaction, Primary care

1. Introduction

With the accelerated pace of life and increasing occupational pressure, individuals face an increasing psychosocial burden, which complicates the care management of various diseases. Based on this situation, effective doctor-patient communication has become a key mechanism to reduce patient pain and improve clinical experience(Zhang et al., 2024).

Patient interviews are the primary mode of ongoing cognitive and emotional understanding between doctors and patients, conveying empathy and care and promoting the doctor-patient relationship(Cahill et al., 2024). Patient-physician communication (PPC) is a type of communication established between physicians and health service users for the provision of health services and to determine the quality and content of the services provided (Unal et al., 2018). Research indicates that patients consider empathy as a key factor contributing to the quality of care (Gerger et al., 2024). Facilitators of communication included patient health literacy, trust in the patient-physician relationship influencing decision-making, telehealth and digital health services, health literacy tools, and patient education materials (Vine et al., 2024). A positive and significant association between physician-patient communication and patients' adjustment outcomes (Alves-Nogueira et al., 2024).

The BATHE technique is a counseling model mnemonic that helps counsel patients with psychosocial stress and behavioral problems. It consists of five letters (Figure 1), with the first 4 letters representing the four key areas of questioning during the consultation: context, emotion, trouble, processing, and the

last letter indicating that the doctor responded to the previous 4 questions with empathy (Lieberman & Stuart, 1999). It enjoys some credit in the medical community for its ability to provide patient-centered care in a time-critical setting without compromising the limited time doctors must see many patients (Akafa et al., 2021). The entire communication process can be completed in as little as 5-7 minutes, making it easy for doctors to meet the classic 15-minute regular consultation time requirement (Searight, 2009).

Since its emergence in 1986, the technique has been described by scholars from different countries and recommended for use in routine primary care consultations (Fakhro et al., 2002; Lieberman & Stuart, 1999; Poon, 1997). This study aims to comprehensively review the applications of BATHE technique in the field of healthcare and explore the development prospects of this technique.

Figure 1. BATHE—the five components and their respective questions.

2. Methodology

The search engines used were from PubMed, Web of Science and Google Scholar libraries, using the keywords “BATHE Technique”, “BATHE method”, “Counseling techniques”, “BATHE AND patient satisfaction” and “BATHE AND chronic disease”. The search period was from March 2024 to March 2025, and the inclusion criteria were articles and review articles, and a total of 33 articles were searched, including 32 articles and 1 review article. The articles mainly focused on three aspects: communication training, application scenarios, and empirical research (patient empowerment, satisfaction, and anxiety relief).

3. Result

3.1 Communication, training, and implementation mechanism of the BATHE technique

The BATHE technique was first systematically proposed in The Fifteen Minute Hour: Applied Psychotherapy for the Primary Care Physician(Stuart & Lieberman, 2018), originally published in 1986 and published in its 6th edition (Searight, 2007). Thomas et al. conducted 1-hour top up trainings for 34 GPs in 6 primary care facilities in the UK, followed by two groups feedback and problem discussions (including supplementary training on implementing loyalty feedback) during the follow-up period, including role-playing, audio recordings, video playback coaching, peer evaluation, and feedback

mechanisms to continuously improve counselling skills (Thomas et al., 2019).

Nash cites the BATHE technique as a typical example of narrative competence, pointing out that it helps physicians systematically explore patients' psychosocial information and structure listening perspectives, which can be referenced in narrative education (Nash et al., 2023). The BATHE model of psychosocial interviewing is an interprofessional educational activity to quickly understand the life situation, emotional state, main distress, and coping styles faced by patients and incorporate brief empathetic responses to support more patient-centered medical decision-making (Flavin et al., 2015).

Clinical feedback indicates that physicians generally agree that the BATHE technique supports closed person-centered counseling, which has a “low barrier to entry and takes up less time” and can improve empathetic listening and patient engagement, helping to identify potential psychosocial issues (Thomas et al., 2019). Using conversational analysis to assess physicians' fidelity in BATHE technique implementation in actual clinical conversations, revealing common deviations in the sequence of steps in the BATHE technique, bias in problem placement and purpose understanding, and pointing out that conversational analysis can be used to reinforce training content and quality feedback, but when placed correctly, BATHE technique can be a useful tool for obtaining broader context about medical visits (Barnes et al., 2018).

3.2 The applications of BATHE technique in clinical practice

In primary care settings, family physicians emphasize that BATHE structured questioning helps medical staff identify the psychological and social context of patients with chronic diseases(Searight, 2018).

A pilot study by Thomas et al. (2019) in the United Kingdom pointed out that BATHE can be embedded in daily consultations, and despite the simplicity of the training, doctors in high-workload hospitals still face difficulties in appropriate situational recognition and organizational rhythm adjustment (Thomas et al., 2019). A prospective randomized controlled trial of family medicine center patients in South India showed that the BATHE intervention group had significantly higher average scores on professional satisfaction issues, contributing to improved person-centered cognition in counseling (Chengappa et al., 2020).

In diabetes-specific chronic disease management scenarios, BATHE technique has significantly enhanced patient self-empowerment (significant change in DES score) through 3 follow-up visits over 6 months (Akturan et al., 2017).

In its conceptual review, Peyrot clearly identified BATHE as an emotional support approach suitable for integration into daily outpatient consultations for diabetes, which is expected to take about 15 minutes (consistent with the normal initial consultation), emphasizing that such psychosocial interventions do not add additional time costs when done correctly (Peyrot & Rubin, 2007).

3.3 Randomized controlled trials of BATHE technique

As shown in Table 1, a total of 14 empirical studies employing randomized controlled trial (RCT) designs have been identified to evaluate the effectiveness of the BATHE technique. Among them, studies focusing on patient satisfaction as the primary outcome are the most prevalent, accounting for 9 articles. Additionally, 3 studies investigated patient empowerment and self-management, while 2 studies explored the technique’s effects on anxiety reduction. These studies predominantly originate from Europe and North America, with the United Kingdom and Turkey contributing the largest number (4 studies each), followed by the United States (3 studies), and one study each from Nigeria, southern India, and South Korea. Most of the studies were conducted in primary healthcare settings, emphasizing the application of the BATHE technique in general practice, patient counseling, and primary care contexts.

Table 1. Randomized controlled trials of BATHE Technique in chronological sequence.

No.	Applications and Impacts	Target Patients	Country	References
1	Patients who received the BATHE intervention gave notably higher scores on 8 out of 11 satisfaction indicators, including those related to information provided, perception of recommending the physician to others.	4 family physicians and 78 primary care patients (Family practice center)	America	Leiblum et al. (2008)

2	Patients in the BATHE group rated overall satisfaction with their preanesthetic care better than did those in the non-BATHE group.	1 anesthesiologist and 80 patients (Hospital's CVO preoperative clinic)	USA	DeMaria et al. (2010)
3	BATHE group were more satisfied than control group: t(98) = 5.37, P = 0.001, with no increase in consultation time t(98) = 0.110, P = 0.912.	5 physicians and 100 patients (50 cardiac and 50 general surgeries patients) (The paranesthesia clinic)	UK	Demaria et al. (2011)
4	The BATHE group was found to experience a higher level of satisfaction than the control group in a statistically significant manner 45.8 (±4.4) VS 40.2(±5.8).	Each of the 5 doctors was assigned 10 outpatients (Out-patient setting)	South Korea	Kim et al. (2012)
5	The Diabetes Empowerment Scale (DES) total score for the intervention group was higher than for the control group (Δ=10.56±8.97; Δ=5.64±7.36; p<0.001).	8 Physicians and 112 diabetes mellitus patients (Primary care centers)	Turkey	Akturan et al. (2017)
6	The likelihood of patients rating their medical care as "excellent" was strongly affected by daily use of BATHE. The overall satisfaction of control group mean (s.d.) was 3.26 (1.12), the intervention group was 4.12 (0.63), p=0.027.	9 residents and 25 inpatients (Family Medicine inpatient service)	America	Pace et al. (2017)
7	Patients evaluated by BATHE were found to be more satisfied with physician visits (p= 0,015) and have more regular outpatient clinic visits (p= 0.004).	98 obese patients (Obesity outpatient clinic)	Turkey	Akturan & Tuncel. (2017)
8	Conversation analysis revealed deviations in BATHE implementation, BATHE can be a useful tool for eliciting information about the wider context of the medical visit.	35 GPs and 21 patients (Primary care clinics)	UK	Barnes et al. (2018)
9	The study assessed the feasibility of a consultation-level intervention for frequent attenders in primary care. It concluded that the intervention was feasible and acceptable, supported self-management, and strengthened clinician–patient relationships, warranting further research in a larger trial.	34 GPs and 96 patients (Six general practices)	England	Barnes et al. (2019)
10	The study found that the BATHE technique was both acceptable and beneficial to GPs and patients, supporting patient self-management. It also highlighted challenges in integrating BATHE into routine practice, suggesting the need for strategies to overcome these difficulties.	11 GPs and 16 patients (Six general practices)	England	Thomas et al. (2019)
11	The BATHE group exhibited a markedly elevated mean score for questions grouped under professional satisfaction (72.9% vs 55.9%, p value=0.0006).	2 family physicians and 138 outpatients (Tertiary hospital)	India	Chengappa et al. (2020)
12	The use of the BATHE technique resulted in a greater reduction in preoperative patient anxiety scores compared with standard preoperative evaluations (BATHE: 38.21±9.86, Control: 37.09±9.93, p<0.001).	2 anesthetists and 463 patients (State research hospital's anesthesia clinic)	Turkey	Ayvat et al. (2020)
13	The patient satisfaction score for those in the BATHE group was higher than that of the standard anamnesis group. Incorporating the BATHE interview technique into the	500 patients undergoing elective surgery under general anesthesia (State hospital)	Turkey	Karakoyun et al. (2021)

	preoperative examination reduces preoperative anxiety.			
14	After eight weeks of the baseline, a follow up higher patients' satisfaction in 'BATHE' consultation by a size of 28.8%.	2 physicians and 104 chronic illnesses patients (Tertiary hospital facility)	Nigeria	Akafa et al. (2021)

3.3.1 Effects on Patient satisfaction

Several randomized controlled trials have shown that the BATHE technique can significantly improve consultation satisfaction in patients with chronic diseases. For example, in an RCT (n = 104) in Nigeria, the BATHE group had shown higher satisfaction at baseline (73.1% vs. 53.8%, p = 0.042); after eight weeks, the gap widened to 86.5% versus 57.7% (p < 0.001) (Akafa et al., 2021). In an outpatient RCT (n = 138) in South India, the satisfaction rate with the BATHE group was 72.9%, significantly higher than that of the control group of 55.9% (Chengappa et al., 2020).

In a small pilot in South Korea, the BATHE group outperformed the control group in 7 out of 10 ratings, and patients' experience of doctors' attention and problem-solving skills was significantly improved (Kim et al., 2012). The BATHE technique carried out on 100 patients prior to surgery and determined that patient satisfaction was improved through the BATHE interview method (Demaria et al., 2011). A BATHE intervention study conducted at the University of Virginia showed that inpatients in the intervention group received the BATHE intervention for 5 consecutive days, and the results showed improved patient satisfaction because they felt that their doctors “saw them as a person” and not just as the patient being examined (Pace et al., 2017).

These studies have consistently shown that BATHE helps enhance patients' subjective sense of identity in the consultation process, showing good potential in both primary and specialized settings.

3.3.2 Effects on Patient empowerment and self-management

Patient empowerment refers to patients being completely autonomous actors and actively participating in health care service activities, which is essential for cultivating self-efficacy(Lambrinou et al., 2019). Studies have shown that in the population of patients with Type 2 diabetes, empowerment is associated with a reduction in all-cause mortality and a reduction in first cardiovascular events, and BATHE technology can effectively improve patient autonomy(Searight, 2007).In a cluster randomized controlled trials in Turkey (n=112), the investigators recorded patient empowerment at 0, 3, and 6 months through BATHE structured interviews. The intervention group had a significantly greater improvement in Diabetes Empowerment Scale (DES) scores than the control group (Δ=10.56±8.97 vs 5.64±7.36, p < 0.001), and multiple regression analysis showed that BATHE was an independent factor in predicting weight gains (B = 8.861, CI 6.092–11.629, p < 0.001) (Akturan et al., 2017). This result supports the inclusion of BATHE in chronic disease self-management education to inspire greater self-control and health engagement among patients.

Thomas et al. (2019) showed through qualitative interviews with 16 regular attending patients in primary care who participated in the study that the BATHE technique not only enhances the patient-centered experience in one-on-one consultations, but also supports self-management (Thomas et al., 2019). By enhancing patients' self-management awareness and behavior indirectly play an empowering role, it improves the relationship between physician and patient, which is beneficial to patient satisfaction and psychosocial self-efficacy (Kim et al., 2012; Leiblum et al., 2008)。

3.3.3 Effects on Patient anxiety and stress

A prospective randomized controlled trial (n = 463) of pre-admission anxiety conducted by Ayvat et al. (2020) in Turkey in 2020 showed that patients who applied the BATHE technique had a reduction in State-Trait Anxiety Inventory (STAI) scores of 3.94±6.05, which was significantly higher than the control group's 2.19±6.14 (p < 0.001) (Ayvat et al., 2020). This intervention has positive implications in reducing preoperative psychological burden.

Mcculloch described the use of the BATHE technique to relieve depression and anxiety in three Challenging Patients (Poor Social Skills, Chronic Pain, Learned Helplessness), guiding patients through problems and expressing genuine care (empathy). Patients feel understood and respected,

gradually eager to find other coping strategies. (Mcculloch et al., 1998).
In addition, BATHE is seen as a rapid screening tool for anxiety, depression, and situational stress, and its concise process of about one minute is highly feasible in initial diagnosis and high-pressure settings (Barnes et al., 2019; Lieberman & Stuart, 1999).

4. Discussion

This review focuses on the literature of BATHE techniques in primary care and chronic disease management. Overall, the findings indicate that BATHE technique -a brief, structured psychosocial intervention, can significantly improve several patient-centered outcomes across diverse settings.
For example, multiple randomized trials have demonstrated enhanced patient satisfaction with BATHE-based consultations. In Nigeria, an RCT showed patient satisfaction rising from about 73.0% at baseline to 86.5% after the BATHE intervention, whereas the usual care group (using the SOAP framework) remained below 60% ($p < 0.001$) (Akafa et al., 2021). Similarly, a South Indian trial reported a 72.9% satisfaction rate in the BATHE group versus 55.9% in the control group (Chengappa et al., 2020). Smaller studies in South Korea have corroborated these results, with BATHE interventions yielding significantly higher satisfaction scores on measures such as physician attentiveness and problem-solving ability (Kim et al., 2012). These consistent improvements in patient satisfaction, observed in different countries and cultural contexts, suggest that the positive impact of the BATHE technique is broadly generalizable and not limited by locale or patient population.
Another benefit of BATHE is its effect on patient empowerment and self-management. In a cluster-randomized trial from Turkey, diabetic patients who received BATHE-based counseling showed a greater improvement in empowerment (as measured by the Diabetes Empowerment Scale) compared to those receiving standard care (Akturan et al., 2017). In that study, BATHE remained a significant independent predictor of increased patient empowerment even after adjusting for other factors. Qualitative findings further support this outcome: a nested interview study in the UK reported that general practitioners and "frequent attender" patients felt the BATHE approach helped foster patients' awareness and behaviors for self-management (Thomas et al., 2019). In other words, beyond improving immediate satisfaction, the BATHE technique may encourage patients to feel more in control of their health and more engaged in managing their conditions.
BATHE technique has also shown promise in alleviating patient anxiety and stress in acute care scenarios. A large preoperative RCT in Turkey found that a brief BATHE intervention before surgery significantly reduced patients' anxiety levels compared to the control condition (Ayvat et al., 2020). This trial suggests that even a short, structured empathetic conversation can meaningfully ease pre-surgical anxiety. Collectively, such evidence implies that the BATHE technique can improve patients' emotional well-being and healthcare experience in both routine primary care visits and high-stress situations like preoperative contexts.
Despite these encouraging findings, the current body of research on BATHE has important limitations. First, most studies to date have evaluated only short-term outcomes (over a few weeks or months) and lack extended follow-up, so it remains unclear whether BATHE's benefits are sustained over the long term. For example, do not yet know if the improvements in patient satisfaction or empowerment persist for years, nor if they eventually translate into better clinical metrics. The absence of such data limits our ability to assess the full impact of BATHE on chronic disease management and health status. Second, the sample sizes of existing trials have generally been small (often on the order of only a few dozen participants per group), small studies may overestimate effects, larger-scale studies are needed to confirm the magnitude of BATHE's effects with greater confidence.
Third, there are challenges regarding implementation fidelity and generalizability in real-world practice. Implementing the BATHE technique consistently in busy clinical environments can be difficult. For instance, a conversational analysis study of primary care consultations in the UK noted that time constraints often led physicians to omit or abbreviate parts of the BATHE sequence in practice (Milstein et al., 2009). Similarly, feedback from practitioners has difficulties in making BATHE a routine habit during consultations and in recognizing the appropriate clinical scene or moment to

employ the technique amid other tasks (Thomas et al., 2019). In other words, even when trained in BATHE, clinicians may struggle to integrate it seamlessly into fast-paced appointments or may use it only selectively. These practical barriers-including limited time, resource constraints, and ingrained communication habits-could limit the real-world uptake of the BATHE approach, despite its proven benefits under study conditions. Addressing issues of training, workflow integration, and support from healthcare systems will be crucial to improve fidelity when BATHE is implemented on a broader scale. Finally, to date, no published studies have RCT examined whether BATHE technique can be effectively adapted to remote consultations (e.g. via telemedicine, video visits, or online health platforms). This represents an important opportunity for future investigation, especially given the rapid expansion of telehealth during the COVID-19 pandemic. It remains unknown if the empathetic, structured communication of BATHE would have similar positive effects when delivered through video or phone, or how best to integrate its questions into digital health interfaces. Exploring BATHE's feasibility and impact in telehealth settings could extend its benefits to scenarios where face-to-face interaction is limited and help determine if this approach can enhance patient-centered care in virtual environments.

5. Conclusion

This review analyzed the existing empirical literature and found that the BATHE technique has clear effects on improving patient experience (satisfaction), empowerment, self-management, and anxiety relief in short-term clinical settings(KARAKOYUN et al., 2021)and presents cross-cultural applicability.

However, there is no long-term evidence to support its effects on behavioral adherence and physiological health outcomes. Practical rollout also faces challenges such as training fidelity, clinical resource constraints, and physician behavior transfer.

It is recommended that large-sample randomized controlled studies be conducted in the future to verify the sustained impact of the BATHE technique on health performance and combine medium-and long-term physiological and behavioral outcomes. Establish a closed loop training mechanism, including simulation exercises, audio feedback, peer ratings, etc., to ensure implementation fidelity. The systematic integration of the BATHE technique in the medical education system is combined with patient communication, psychological literacy, and self-management education to help medical staff truly transform it into regular habits. By confronting these challenges, the field can better determine the role of BATHE in improving patient care and ensure that its potential benefits are fully realized in everyday healthcare settings.

References

Akafa, T. A., Akinwale, M. L., & Ogwuche, E. (2021). BATHE Consultation Model and Patients' Satisfaction: A Randomized Controlled Clinical Trial among Adults with Chronic Illness in a Tertiary Health Facility in North-Central Nigeria. *West African Journal of Medicine*, *Vol. 38*(10).

Akturan, S., Kaya, Ç. A., Ünalan, P. C., & Akman, M. (2017). The effect of the BATHE interview technique on the empowerment of diabetic patients in primary care: A cluster randomised controlled study. *Primary Care Diabetes*, *11*(2). https://doi.org/10.1016/j.pcd.2016.12.003

Alves-Nogueira, A. C., Góis, A. C., Pereira, M., Canavarro, M. C., Melo, C., & Carona, C. (2024). The Associations Between Physician-Patient Communication and Adjustment Outcomes of Patients and Physicians: A Systematic Review and Meta-Analysis of Correlations. *Health Communication*, *39*(9), 1781–1794. https://doi.org/10.1080/10410236.2023.2243043

Ayvat, P., Arslan Yurtlu, D., Özgürbüz, U., Güntürkün, F., Katircioğlu, K., & Kizilkaya, M. (2020). Does preoperative anxiety decrease with bathe method? A prospective randomized study. *Noropsikiyatri Arsivi*, *57*(2). https://doi.org/10.29399/npa.24853

Barnes, R. K., Cramer, H., Thomas, C., Sanderson, E., Hollinghurst, S., Metcalfe, C., Jackson, S., Record, C., Thorley, H., & Kessler, D. (2019). A consultation-level intervention to improve care of frequently attending patients: A cluster randomised controlled feasibility trial. *BJGP Open*, *3*(1).

https://doi.org/10.3399/bjgpopen18X101623

Barnes, R. K., Jepson, M., Thomas, C., Jackson, S., Metcalfe, C., Kessler, D., & Cramer, H. (2018). Using conversation analytic methods to assess fidelity to a talk-based healthcare intervention for frequently attending patients. *Social Science and Medicine*, *206*. https://doi.org/10.1016/j.socscimed.2018.04.008

Cahill, A., Martin, M., Beachy, B., Bauman, D., & Howard-Young, J. (2024). The contextual interview: a cross-cutting patient-interviewing approach for social context. *Medical Education Online*, *29*(1). https://doi.org/10.1080/10872981.2023.2295049,

Chengappa, N., Rajkumar Honest, P. C., David, K., Pricilla, R. A., Rahman, S. M. F., & Rebecca, G. (2020). Effect of BATHE interview technique on patient satisfaction in an ambulatory family medicine centre in South India. *Family Medicine and Community Health*, *8*(4). https://doi.org/10.1136/fmch-2020-000327

Demaria, S., Demaria, A. P., Silvay, G., & Flynn, B. C. (2011). Use of the BATHE method in the preanesthetic clinic visit. *Anesthesia and Analgesia*, *113*(5), 1020–1026. https://doi.org/10.1213/ANE.0B013E318229497B

Fakhro, E., & Al-Jalahma, M. (2002). The BATHE technique A method of supportive psychotherapy in primary care. In *Journal of the Bahrain Medical Society* (Vol. 14, Issue 4).

Flavin, J. A., Barker, E., Pruchnicki, M. C., Sevin, A. M., Green, C. G., & Porter, K. (2015). Transdisciplinary educational strategy for improving prescribing skills in family nurse practitioner students. *Journal of Interprofessional Education & Practice*, *1*(2). https://doi.org/10.1016/j.xjep.2015.07.006

Gerger, H., Munder, T., Kreuzer, N., Locher, C., & Blease, C. (2024). Lay Perspectives on Empathy in Patient-Physician Communication: An Online Experimental Study. *Health Communication*, *39*(6), 1246–1255. https://doi.org/10.1080/10410236.2023.2210380

KARAKOYUN, İ., İŞBİR, A. C., GÜNDOĞDU, O., AVCI, O., ÖZDEMİR KOL, İ., GÜRSOY, S., & KAYGUSUZ, K. (2021). The Effect of BATHE Method on Preoperative Anxiety, Patient Satisfaction and Individual Anesthesia Concerns: Randomized, Placebo-Controlled, Clinical Trial. *Turkiye Klinikleri Journal of Anesthesiology Reanimation*, *19*(3), 114. https://doi.org/10.5336/ANESTHE.2021-85696

Kim, J. H., Park, Y. N., Park, E. W., Cheong, Y. S., & Choi, E. Y. (2012). Effects of BATHE interview protocol on patient satisfaction. *Korean Journal of Family Medicine*, *33*(6). https://doi.org/10.4082/kjfm.2012.33.6.366

Lambrinou, E., Hansen, T. B., & Beulens, J. W. J. (2019). Lifestyle factors, self-management and patient empowerment in diabetes care. *European Journal of Preventive Cardiology*, *26*(2_suppl), 55–63. https://doi.org/10.1177/2047487319885455,

Leaman, T. L. (1999). Anxiety disorders. *Primary Care - Clinics in Office Practice*, *26*(2). https://doi.org/10.1016/S0095-4543(08)70002-2

Leiblum, S. R., Schnall, E., Seehuus, M., & DeMaria, A. (2008). To BATHE or not to BATHE: Patient satisfaction with visits to their family physician. *Family Medicine*, *40*(6).

Lieberman, J. A., & Stuart, M. R. (1999). The BATHE method: Incorporating counseling and psychotherapy into the everyday management of patients. *Primary Care Companion to the Journal of Clinical Psychiatry*, *1*(2). https://doi.org/10.4088/pcc.v01n0202

Mcculloch, J., Ramesar, S., & Peterson, H. (1998). Psychotherapy in primary care: The bathe technique. *American Family Physician*, *57*(9).

Milstein, J. M., Raingruber, B. J., Bennett, S. H., Kon, A. A., Winn, C. A., & Paterniti, D. A. (2009). Burnout assessment in house officers: Evaluation of an intervention to reduce stress. *Medical Teacher*, *31*(4), 338–341. https://doi.org/10.1080/01421590802208552

Nash, W., Erondu, M., & Childress, A. (2023). Expanding Narrative Medicine through the Collaborative Construction and Compelling Performance of Stories. *The Journal of Medical Humanities*, *44*(2), 207. https://doi.org/10.1007/S10912-022-09779-6

Pace, E. J., Somerville, N. J., Enyioha, C., Allen, J. P., Lemon, L. C., & Allen, C. W. (2017). Effects of a brief psychosocial intervention on inpatient satisfaction: A randomized controlled trial. *Family*

Medicine, *49*(9).

Peyrot, M., & Rubin, R. R. (2007). Behavioral and Psychosocial Interventions in DiabetesA conceptual review. *Diabetes Care*, *30*(10), 2433–2440. https://doi.org/10.2337/DC07-1222

Poon, V. H. K. (1997). Short counseling techniques for busy family doctors. *Canadian Family Physician*, *43*(APR.).

Searight, H. R. (2007). Efficient counseling techniques for the primary care physician. *Primary Care*, *34*(3), 551–570. https://doi.org/10.1016/J.POP.2007.05.012

Searight, H. R. (2009). Realistic approaches to counseling in the office setting. In *American Family Physician* (Vol. 79, Issue 4).

Searight, H. R. (2018). Counseling patients in primary care: Evidence-based strategies. *American Family Physician*, *98*(12).

Stuart, M., & Lieberman, J. (2018). *The Fifteen Minute Hour : Efficient and Effective Patient-Centered Consultation Skills, Sixth Edition*. https://doi.org/10.1201/9781351017916

Thomas, C., Cramer, H., Jackson, S., Kessler, D., Metcalfe, C., Record, C., & Barnes, R. K. (2019). Acceptability of the BATHE technique amongst GPs and frequently attending patients in primary care: A nested qualitative study. *BMC Family Practice*, *20*(1). https://doi.org/10.1186/s12875-019-1011-y

Unal, O., Akbolat, M., & Amarat, M. (2018). The influence of patient-physician communication on physician loyalty and hospital loyalty of the patient. *Pakistan Journal of Medical Sciences*, *34*(4), 999–1003. https://doi.org/10.12669/PJMS.344.15136

Vine, M., Vamos, S. D., Vine, M. E., Gordon, I. D., & Alaimo, D. F. (2024). The Role of Health Literacy in Patient-Physician Communication: A Scoping ReviewIF 0.5ESCIJCR Q4. *Ingentaconnect.Com*, *11*(4), 1624–1654. https://doi.org/10.14485/HBPR.11.4.2

Zhang, X., Li, L., Zhang, Q., Le, L. H., & Wu, Y. (2024). Physician Empathy in Doctor-Patient Communication: A Systematic Review. *Health Communication*, *39*(5), 1027–1037. https://doi.org/10.1080/10410236.2023.2201735;CTYPE:STRING:JOURNAL