Trust Development between Patient and Nurse: A Grounded Theory Study

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Disclosure

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Learner Objectives

1. List three nursing actions that facilitate the development of trust with the hospitalized patient.
2. Explain the model of how trust develops based on the research study presented.
My Home, Michigan, USA
Literature: Concept of Trust

- Vulnerability
- Risk
- Power imbalance
- Familiarity
- Good will (best interests) (Baier, 1986; Sellman, 2007)
  - Trust vs. reliance (Sellman, 2007)
  - Care about patient (de Raeve, 2002)
Literature: Trust

- Trust development with homecare nurses (Trojan & Yonge, 1993)
- Establishment of trust with hospitalized patients (Hupcey, Penrod, & Morse, 2000)
- Trust development with nurse and hospitalized English-speaking Mexican American patients (Jones, 2015)
- Trust development with nurse and hospitalized Spanish-speaking Mexican American patients (Jones, 2017)
Research Question and Design

• Research Question

“How does interpersonal trust develop between the patient and the registered nurse in hospitalized adult non-Hispanic patients?”

• Method: Classical Grounded Theory (Glaser, 2001; Glaser & Strauss, 1967)
Data Collection and Analysis

Semi-structured interviews
  – Theoretical Sampling
Constant comparison
  – Open coding- codes (163 unique codes)
  – Axial coding- categories (6 categories)
  – Theoretical memoing
Core category emerges
Recruitment and Sample Criteria

Inclusion criteria
• Non-Hispanic adult
• English speaking
• Medical-surgical or OB unit at least 36 hours
• Discharge within next few days

Exclusion criteria
• Cognitively impaired
• Admitted for treatment of mental health condition
Sample (n=20 hospitalized patients)

- 14 females, 6 males
- Mean age 43.9 yrs. (range 19-78 yrs.)
- Medical-surgical unit (n=16); Obstetrics unit (n=4)
- Data collection August 2016-April 2017
Results

Feeling Vulnerable + Relying on the Nurse → RN Seeing Me as a Person → RN Caring About Me → RN Having a Positive Vibe → Feeling Secure

Model of the Development of Trust between Non-Hispanic Hospitalized Patient and Nurse
Core Category: RN Taking the Time

- Spending time, sitting with the patient, and listening to the patient
- RN Controlling trust development
- Patient Noting if RN open to connecting
- Acknowledging nurse is busy
“The time you spend with me. Honesty, if I ask you a question and you don’t know the answer, if you try to find the answer. Uh, if I ask you a question and you just walk away and never come back I’m not going to trust you. If you give me a little bit of time and actually listen to what my concerns are and make me feel like I’m valued and heard, I’m going to trust you. Uh, you know, when you come to a hospital setting you’re a little scared.... So, having somebody care, smile, and, you know, making you just feel a little bit better, it matters. You know? So just that extra 10 seconds of listening helps.” [10.6-7]
Quote: RN Taking the Time

Patient Noting if RN open to connecting

“You can tell when a nurse truly has your best interest at heart. They care more for you, they make it personal to them or they make you believe it’s personal to them. I mean, they could walk out the door and say: “This lady is a pain in the butt.” But when they came in this room, they make it like you’re their personal interest and that’s what they’re vested in today.” [12.6]
Feeling Vulnerable

- Having basic and care needs (water, pain)
- Being hospitalized (scared, out of control, alone)
- Wanting to be a good patient
Quote: Feeling Vulnerable

“I don’t like to just lay in the bed. Like I can’t get out, I can’t just walk out, I have to be discharged, I have to ask permission. So it’s like, I’m a kid again basically, and I have to stay here, and I have to ask you.” [5.11-12]

“I mean, I felt helpless. Absolutely helpless.” [13.37]
Relying on the Nurse

• Having job to care for me
• Having the my life in the nurse’s hands
• Being the connection to the doctor
• Needing to trust the nurse
Quote: Relying on the Nurse

“Your life is technically in their hands, you know, you see the nurse a hundred times more than you will ever see the doctor. And your life is their hands.” [1.6]

Needing to trust the nurse

“You got to trust them, to know what they’re doing. They’re supposed to know what they’re doing. You know, that is why they go to all that schooling.” [2.16]
RN Having a Positive Vibe

- Being friendly/smiling
- Being compassionate/understanding
- Being genuine/trustworthy
- Having a negative attitude - barrier to trust
“She had a really nice euphoria [vibe] to her, like that just kind of was contagious in a sense. Like, when, when these nurses come in here and they are in a great mood and you are like down because you are in bed 24 hours a day, that can really change your mood.” [3.4-5]

“And you know, I, if someone is bright around me, it brings the brightness in me out.” [1.11]

“The joy that she has in her heart. You know? The kindness. A meek spirit. Love and joy.” [19.5]
RN Seeing Me as a Person

- Treating me with respect
- Talking personally
- Feeling familiar
- Motivating and reassuring me
- Seeing me as a checklist and Not talking (barriers)
“It made me feel more like I wasn’t just a number, I was, you know, my name was -- and my son’s name was --, she made a connection with me and I like that. I feel more comfortable and not as nervous to ask questions, I’m not scared, you know, I feel like I matter, you know, I’m not just a room number, I’m someone that she remembered and identified as a person.” [15.4-5]

Talking personally

“When you feel like you can just talk to somebody, even if it’s not about what’s going on at that moment...It does kind of help a bit. Cause I feel you get to know them a little bit more, and you both get to understand each other.” [16.6]
Quote: Seeing Me as a Person

Feeling familiar

“Especially when they say “You still here?” you know? And ...they know what I want, and what I need or whatever, you know. Yeah they’re used to me.” [7.12]

Seeing me as a checklist

“The way she acted. More like, probably more like a job situation. Uh, like it was just a task to come in and out, rather than- try to view me as a person.” [6.4-5]
RN Caring About Me

• Wanting to help me vs. Bothering the nurse
• Doing simple things
  • checking on me, asking my needs, informing me, going above and beyond
• Dismissing my concerns (barrier)
“I really wasn’t expecting, you know, what I actually got from the nurses. I wasn’t expecting them to show that they care, that they’re concerned, and that they want to make sure that I’m actually OK, not just pass me along. And just taking that extra time. To me it really meant, it means a lot to me. I was so surprised.” [16.21-22]

Being attentive

“He’s paying more attention to what my needs are rather than just his timeline.” [17.2]

Knowing my needs

“She just knew what I wanted and when I needed it.” [9.9]
Going above and beyond

“I trust them and I know they have my best uh, my best interest at heart. When I say “comfortable” I mean if I... it’s hard to explain, they just go the extra mile.” [11.3]

Dismissing my concerns

“And he just completely disregarded it [breathing issue] and did not care whatsoever...It really disgusted me, the lack of care on his part. Like towards me, thought I was faking.”[3.7]
Feeling Secure

- Endpoint of process of developing trust
- Feeling I am not alone
- Making me feel comfortable, like home
- Feeling like a friend or family member
- Willing to confide and asking RN
- Avoiding RN, Not expressing self (no trust development)
“And she was, she was magnificent. Uh. Because I was overwhelmed with the [baby’s] gagging and she would like, the way she would care for my baby, it made me feel secure and just like, ‘OK, like you can handle issues’, calm, and she took control of the situation and it was like OK, OK, I’m calm, I don’t have to freak out.” [5.2]

Feeling I am not alone

“Beyond giving your pills, shot and stuff. Like I said, just that general concern. You know, gives you an uplift. I was like ‘Oh, there is somebody out there that cares.’” [8.13]
“I think there’s a big difference between how you feel when you have someone who you feel you can ask them any question and it’s not going to be a stupid question .. nothing that you ask is going to be too tedious for them to do, it’s not going to matter because they’re here to help you and that’s how I felt with TRACY. And before, …someone has given me the impression that I’m nothing but a bother.. that they have tons of other patients to worry about. And I know I’m not the only patient but when they make you feel special like you possibly are the only patient, even though logically you’re not, it makes you feel good, and it makes you trust them, because it seems like you matter to them versus just being their job.”
[15.11-12]
Model: Development of Trust between Non-Hispanic Patient and Nurse

Model of the Development of Trust between Non-Hispanic Hospitalized Patient and Nurse

Feeling Vulnerable + Relying on the Nurse → RN Having a Positive Vibe → RN Seeing Me as a Person → RN Caring About Me → Feeling Secure
Conclusion

• Interesting finding: Feeling Vulnerable category
• Practice Implication: Nurse in control, Positive vibe
• Future research: Develop middle range theory
References


Thank You

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