

Development of Trust in the Nurse-Patient Relationship with Hospitalized Mexican American Patients

Sharon M. Jones, RN, PhD

Indiana University South Bend



INDIANA UNIVERSITY SOUTH BEND



Acknowledgements

- Loyola University Chicago
Dissertation committee:
 - Lee Schmidt , PhD, RN (chair)
 - Nancy Hogan , PhD, RN, FAAN
 - Lucy Martinez-Schallmoser,
PhD, RN
- Key hospital contact person:
Elizabeth Rodriguez-Negrete, RN
- Alpha Chapter of STTI research
grant



Preparing people to lead extraordinary lives

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 Raeye, 2002)

Literature: Trust

- Hispanics report lower levels of trust in people (Weaver, 2006)
- Role of trust in physician encounter with chronically ill patients (Thorne & Robinson, 1988)
- Establishment of trust with hospitalized patients (Hupcey, Penrod, & Morse, 2000)
- Trust development with homecare nurses (Trojan & Yonge, 1993)

Literature: Mexican Americans and Culturally Competent Care

Importance of establishing *confianza* (trust) in care provider relationship

- Community members (Stasiak, 2001)
- Outpatient surgery patients (Zoucha, 1998)
- Domestic violence victims (Belknap & Sayeed, 2003)
- Healthcare recipients and nurses (Warda, 2000)

Research Question and Design

- Research Question:

“How does interpersonal trust develop between the patient and the registered nurse in hospitalized adult Mexican American patients?”

- Method: Classical Grounded Theory (Glaser, 2001; Glaser& Strauss, 1967)

Data Collection and Analysis

- Semi-structured interviews
 - Theoretical Sampling
- Constant comparison
 - Open coding- codes (217 unique codes)
 - Axial coding- categories (8 categories)
 - Theoretical memoing
- Core category emerges

Recruitment and Sample Criteria

Inclusion criteria

- English-speaking Mexican American adult
- Medical-surgical or OB unit at least 48 hours
- Discharge within 1-2 days

Exclusion criteria

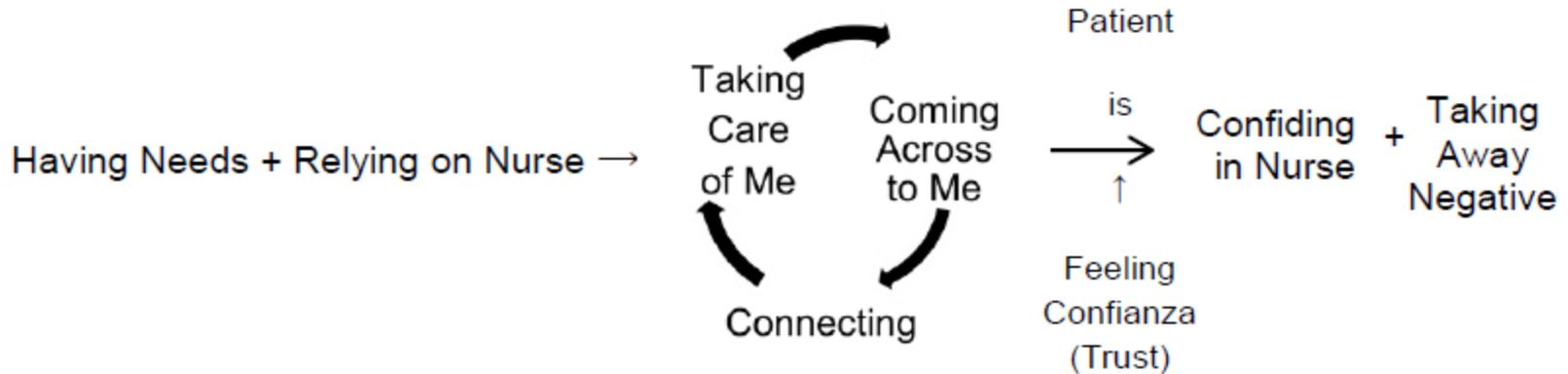
- Do not self-identify as Mexican American
- Cognitively impaired
- Admitted for treatment of mental health condition

Sample (n=22 patients)

- 16 females, 6 males
- Mean age 35.0 yrs. (range 19-69 yrs.)
- Obstetrics unit (n=13); Medical-surgical unit (n=9)
- Born in Mexico (n=10); Arrival infant to 16 yrs.
- Language preferred: English (n=8), bilingual (n=9), Spanish (n=5)

Results

Core Category: Making Me Feel Comfortable



Core: Making Me Feel Comfortable

Through positive interactions with the nurse (talking, helping, connecting), the patient feels comfortable with the nurse; a state of being rather than physical comfort. When the patient feels comfortable, the patient feels *confianza* (trust) and is willing to confide in the nurse. “Making me” reflects the key role of the nurse; the nurse’s actions direct whether the interaction will be perceived as positive or negative.

“And then there’s some that actually come in, oh, hi, how’s your day, blah, blah, blah, and you start, oh, hey. And then, you know, sometimes they start telling you about oh, you know, when I was in the emergency, they try to make you feel like comfortable, and then they start making comments and it makes you feel more comfortable, and then that’s what makes you also be like, oh, I could ask her for anything ‘cause she’s being nice and she makes me feel comfortable”.

Having Needs

The beginning stage of the process of developing trust, reflects the patient *being in a vulnerable position* by having a specific need such as pain relief or by virtue of being hospitalized.

“I think, to me, it was more because of what was important to me was because I was in pain, so that was the one thing that I kept focusing on, was just that I was in pain; I was hurting”.

Relying on Nurse

The patient *relies on the nurse* to respond and help meet the needs, includes *having expectations of nursing care/hospitalization*.

“Nobody is going to help me but her. I’m kind of relying on her to help me feel better, and that’s a big thing with trust ”.

Coming Across to Me

The manner in which the nurse responds and comes across to the patient when interacting, includes *making a first impression, responding, and talking*. Responding is the gateway to trust development, talking is the key.

“I guess the way they answer when you ask them for something. Like the first time you ask them for something, and that way you know”.

“You can get closer to her just by her doing something like that ...you trust again, because she’s talking personally about herself, and about you, and then you trust them again. You trust them and you respect them, because they’re not treating you like a clown; they’re treating you like a person”.

Connecting

The feeling the patient gets when experiencing positive interactions with the nurse in *Coming Across to Me* and *Taking Care of Me*. The patient perceives the connection as mutual between the patient and the nurse.

“I guess just the way they come -- they come at you. Like there’s some that just their attitude isn’t very nice. And there’s some that right away like you can connect with them”.

Taking Care of Me

The nurse's more action-oriented response to the patient's needs; reflects the nurse being attentive and includes *being very helpful, coming in and asking, and showing care.*

"It's like with the nurse that's more helpful, more ask about what you want, or what you need, or how you feel, instead of just saying like, okay, I'm here to do this, this is what's going to get done, and that's it".

Feeling Confianza (Trust)

Through positive interactions, the patient is willing to trust the nurse; includes *making me feel good* and *feeling like family*. If the interaction was negative, the patient may be *feeling like a bother*.

“And these people, for me not to know them, you know, they almost felt like they were like your mother or sister or brother would care for you”.

“But I think that with the one that I really, really liked, that I really felt comfortable asking her for help, ‘cause I -- I don’t know if it’s like just Mexicans that don’t -- but we don’t really like to ask for help or to bother people to help us”.

Confiding in Nurse

The patient is willing to share something personal with the nurse, ask the nurse for help, and allow the nurse to help; an outcome of the development of trust with the nurse.

“[The nurse said] ‘If you have to go to the bathroom, I’ll come and I’ll help you’,...I’m like, no, I can just do it by myself ...I don’t want to bother her; feel weird that she has to help me. But I trusted her to be like, okay, you can help me to the bathroom, instead of I’m like imposing on her.... So she was really nice, that made me feel comfortable around her and be able to trust her and not feel like guilty, or I’m bothering you, or something”.

Taking Away the Negative

The patient puts aside negative feelings about an experience and replaces them with the positive feelings derived from positive interactions with the nurse; an outcome of the development of trust with the nurse.

“I think all the negatives, you know, that I’ve experienced all month were probably taken away with all the -- with all the positives, you know. AMY [name changed], I was in the hospital a week, and if I had any negative stuff happen then, the last two days that I was here that she actually took care of me on her shift, made me forget anything that was happening”.

Conclusions, Implications & Future Research

- Cyclical Process
- Patient safety and quality care issues if no trust
- Interpersonal communication, hourly rounding
- Future research: Spanish-speaking Mexican Americans

Questions

Contact info:

Sharon M. Jones

Indiana University South Bend

jones240@iusb.edu

