Developing Trust in the Nurse-Patient Relationship when a Language Barrier is Present

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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

• 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)
• Trust development between nurse and hospitalized English-speaking Mexican American patients (Jones, 2014)
Literature: Mexican Americans (MA) 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 Spanish-speaking 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 (90 unique codes)
  – Axial coding- categories (8 categories)
  – Theoretical memoing

Core category emerges
Recruitment and Sample Criteria

**Inclusion criteria**
- Spanish-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=20 patients)

- 13 females, 7 males
- Mean age 57.0 yrs. (range 27- 88yrs.)
- Medical-surgical unit (n=16); Obstetrics unit (n=4)
- Years in USA range 9 - 48 years
- Spanish- speaking, few spoke basic English phrases
Results

Having Needs → Communicating → Understanding → Chatting (Being Available) → Patient is Having Confianza (Trust) → Feeling Comfortable + Feeling Supported
The patient perceived the nurse as caring for the patient well even with a language barrier present. *Caring for me well* reflected the physical care provided by the nurse as well as emotional care, caring about the patient. *Not understanding me* indicated a language barrier complicated the encounter with the nurse. Trust developed when the patient perceived the nurse as treating the patient well and, when a language barrier was present, making an effort to understand the patient.
“I like how, how she is, how she does her work. And like yesterday she helped me to get a shower and I was feeling safe and I like how, how, everything, how she does her work…she is very kind, nice. And she doesn’t speak Spanish, but she tries to understand me, or with signs so I can understand. And she asks me if I am in pain and I like how she is, how she takes care of me. …I think that, like their way of being, or the way they, the way she treats me or does her job with me.” [20.11-12]
Having Needs

The first step in the beginning phase in the development of trust and included the patient asking for what was needed and bothering the nurse.

“I have to call them, because I need to. If I could do it, well, I would, but since I can’t do it, therefore, I call them and I need their help.” [11.17]
Communicating

The second step, the patient relied on the nurse to meet the needs so the patient had to communicate with the nurse. Communicating included the impact of the language and reflected patient and nurse language abilities. In the presence of a language barrier, communication became difficult.
"There are times that the ones that speak more [Spanish] and that know that you don’t speak English, or that you speak little English, like: “Are you okay, ma’am?” “Or do you need anything? Does it hurt?” something like that. That is more or less the difference that some, that all of them treat you well, but there are some that don’t because she doesn’t know how to speak to you. I mean: “I will tell her and she won’t understand me, I better not tell her, then.” [9.12]
Successful communication led to the nurse understanding the patient’s needs.

*Communicating* and *understanding* were more complicated in the presence of a language barrier. This communication step may go unnoticed when both nurse and patient speak the same language.
"That is where the problem is, that one has to do it [communicate]. And sometimes, up to a point, yes, one can understand each other, right? Not exactly as one would want, but yes, yes, one can understand each other. One tries to be understood however possible with signs, ...And in one’s language, well, it is easy, that is easy, that ... For example, one knows what they are speaking, what they are saying, and the other person also, and one can communicate well. More communication, for the same reason that it is the same language.” [14.9]
Chatting

The nurse talking informally with the patient, chatting was easier when the nurse and patient spoke the same language.

“Oh, well they ask me how many children I have, where I am from, … it is a very nice “confianza”. Yes, I form a connection, start with the ones I can, I form a connection because my English is very bad. But there are many Hispanics that is something also to be grateful to the hospital, and yes they help us a lot. At least it helps me. A lot. Trust [confianza] that is very, very good, very professional.” [11.6-7]
Being Available

Reflected both the emotional and physical aspects of caring for and about the patient. The nurse’s way of being (emotional aspect) was a major factor in the development of trust, particularly with a language barrier present when chatting was not possible. The nurse willing to help reflected the physical aspects of caring for a patient including care to fulfill the patient’s needs rather than to complete the nurse’s tasks.
“And so it depends a lot on the presence, on the presence that I see in the person, no? If it is a very serious person like this [frowns], I almost don’t dare to approach her… So a person that opens the keys with a smile, well, I always feel very comfortable, no? Or with a kind word or something, right? That gives you the key, precisely, so you enter [into trust].” [13.25]

“Because there could be one nurse that just comes and says this is your medicine, and gives you your medicine and leaves. I mean, she doesn’t ask you anything. And there are others that come and are more attentive with you. Independently of them speaking Spanish or not. They try to be with the patient more.” [9.16]
Having Confianza (Trust)

A positive encounter led to the patient having trust in the nurse. This trust may lead to the patient *Feeling more comfortable* and *Feeling supported*. A negative encounter did not lead to trust developing.

“I have a lot of trust in her, because she talks to me the way, the way it should be. I mean, she tells me the truth about my illnesses,... and I trust her. [Because of] Her way of everything, because since I have been here she has treated me really well, she has talked to me nicely. …I am grateful that she is sincere, because, …she has given me a lot of encouragement” [17.5-6]
Feeling More Comfortable

An outcome of the development of trust and reflected the patient feeling more relaxed with the nurse, willing to ask questions.
An outcome of the development of trust and included the patient feeling encouragement and willing to try something new.
Comparison of Models
Spanish vs. English Speaking MA patients

Model Spanish-speaking MA

Having Needs → Communicating → Understanding

Chatting

Being Available

Patient is ↑ Having Confianza (Trust)

Feeling Comfortable +

Feeling Supported

Model English-speaking MA

Having Needs + Relying on Nurse →

Taking Care of Me

Connecting

Coming Across to Me

Patient is ↑ Feeling Confianza (Trust)

Confiding in Nurse + Taking Away Negative
Conclusion

Interesting findings:
• Patient accepts responsibility for language barrier
• Ethnicity of nurse not a factor

Practice Implication: Interpersonal communication- words & phrases
Future research: English-speaking non-Hispanics in USA
Thank You

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