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Synthesis of Three Models into a Middle Range Theory: Development of Trust in the Nurse-Patient Relationship

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Background

- Interpersonal trust: social contract between two people
- Key factors: vulnerability, risk, power imbalance, familiarity, good will and expectations of future behavior (Baier, 1986; Sellman, 2007)
- Previous research on development of trust between the nurse and hospitalized Mexican American patients (Jones, 2015; Jones, 2017) and African American and European American patients (Jones, 2019)
- **Conceptual Definition of Trust:** *Trust is reliance on another's competence and willingness to act in the patient's best interest to meet the patient's needs.*

Purpose

To develop a middle range theory of the development of trust between the hospitalized patient and the nurse

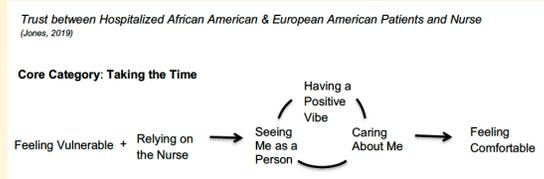
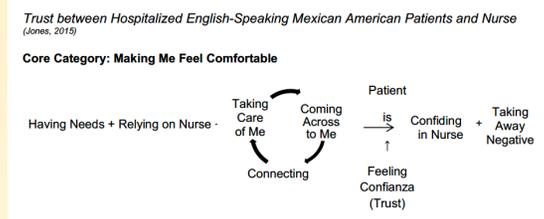
Methods

- Theory is empirically derived from synthesis of findings from three grounded theory (classic) studies with hospitalized patients.
- The three studies yielded three separate models as these were grounded in the data from the participants in that study rather than building on the initial model from the first study.
- Categories from the phases in the models were reviewed and then concepts were formulated which best represent the essence of the phases.

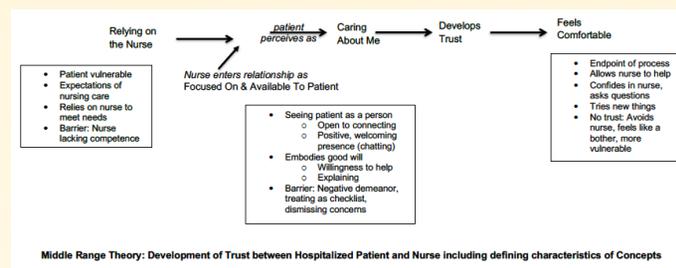
References

- Baier, A. (1986). Trust and anti-trust. *Ethics*, 96(2), 231-260. doi:10.1086/292745.
- Jones, S. M. (2015). Making me feel comfortable: Developing trust in the nurse for Mexican Americans. *Western Journal of Nursing Research*, 37(11), 1423-1440. doi:10.1177/0193945914541519
- Jones, S. M. (2018). Trust development with the Spanish-speaking Mexican American patient: A grounded theory study. *Western Journal of Nursing Research*, 40(6), 799-814. doi:10.1177/0193945917690123
- Jones, S. M. (2019). Taking the time: Developing trust with hospitalized African Americans and European Americans. *Submitted.*
- Sellman, D. (2007). Trusting patients, trusting nurses. *Nursing Philosophy*, 8(1), 28-36. doi:10.1111/j.1466-769X.2007.00294.x

Three Models



Middle Range Theory



Assumptions of Theory

1. Nurse is in control of trust development through choosing to be open and available.
2. In the hospital setting, trust is bound by the nursing shift and is cyclical, starting again with the next shift.

"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." [Participant Quote]

Results

Middle Range Theory: By virtue of being hospitalized, the patient has needs which he cannot meet and relies on the nurse. The nurse enters focused on the patient and available to the patient as a person, which the patient perceives as caring *about* the patient, a higher level of caring than simply *for* the patient. The patient develops trust and feels comfortable with the nurse. In feeling comfortable with the nurse, the patient is more willing to ask questions, allow the nurse to help, confide in the nurse, and try something new.

If the encounter with the nurse is negative, such as perceiving the nurse as seeing the patient as a checklist rather than caring about the patient, trust does not develop and the patient may feel like a bother, avoid the nurse and not ask for help, and feel more vulnerable.

Practice Implications

- Practice: The nurse conveying a positive attitude is a principal facilitator in trust development.
- Education: Theory useful in exploring interpersonal communication and nurse-patient relationship.
- Future research: Test theory using quantitative approach; additional studies in other settings to test fit of the theory.

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