ABSTRACT

Trust is an important component of patient-centered care and, for Mexican Americans, culturally competent care as well as a major element (confianza) in the Hispanic culture. In the dissertation study, the development of trust between the nurse and the hospitalized, English-speaking Mexican American patient was explored using the classical grounded theory methodology. A model depicting the process of developing trust emerged from the grounded theory study. The purpose of this grant application is to seek funding ($8500) for two research studies. The purpose of Study 1 is to discover the process of how trust develops between the nurse and Spanish-speaking Mexican American patients. In Study 2, data collection is then advanced to discover the process of how trust develops between the nurse and English-speaking, non-Hispanic patients. Research Study 1 and 2 address the following research question: How does interpersonal trust develop between the patient and the registered nurse in hospitalized adult patients? The classical grounded theory methodology will be used to answer the research question. After IRB approval from both the hospital and IUSB, a purposeful sample of Spanish-speaking Mexican American and English-speaking non-Hispanic hospitalized adults will be recruited and interviewed in a face-to-face format in the hospital setting. Data collection and data analysis occur concurrently. Data collection will end when data saturation occurs indicating no new categories emerging or properties of categories. It is anticipated approximately 20 participants will be needed for each study, Study 1 and 2, for a total of 40 participants. For Study 1, a trained bilingual research assistant will conduct the interviews in Spanish. The interviews will be audio-recorded, transcribed, and translated from Spanish to English. The principle investigator will complete the data analysis. For Study 2, the principal investigator will conduct interviews with English-speaking, non-Hispanic hospitalized patients. Study 1 data collection and analysis will be completed before proceeding to Study 2 data collection and analysis. The principal investigator will analyze the transcripts by hand using the constant comparison method of classic grounded theory to identify codes and categories. The findings will be used for a cross comparison of models from the dissertation study, Study 1 and Study 2 to look for commonalities and differences across processes and arrive at a middle range theory of the development of trust in the nurse-patient relationship with hospitalized patients. Findings will be disseminated at national and international nursing research conferences and published in a peer-reviewed journal.

What is the project intended to accomplish (objectives, significance)?

I am seeking $8500 in research grant funding for two research studies, (Study 1 and Study 2). The purpose of Study 1 is to discover the process of how trust develops between the nurse and Spanish-speaking Mexican American patients. In Study 2, data collection is then advanced to discover the process of how trust develops between the nurse and English-speaking, non-Hispanic patients. In my dissertation study, I explored the development of trust between the nurse and the hospitalized, English-speaking Mexican American patient using the classical grounded theory methodology. A model depicting the process of developing trust emerged from the grounded theory study. The process may be different if language is a factor or for non-Hispanic patients. Study 1 and 2 address the following research question: How does interpersonal trust develop between the patient and the registered nurse in hospitalized adult patients?

Grounded theory, a qualitative research method, is used to explain social processes and the development of trust is a social process. Grounded theory uses the participant’s frame of reference to know the phenomenon and reveal the participant’s main concern (Glaser,
Trust Study
Sharon M. Jones

2001). The participants’ expressions of their experiences leads to patterns that uncover the main concern and the current resolution of the concern. The focus of grounded theory is not on the level of detail of descriptions but on the abstraction of concepts that generate theory. This abstraction of concepts develops through analysis of data. Data analysis in the grounded theory method is based on codes rather than description (Glaser, 2001) and data analysis and collection occur concurrently. After each encounter with a participant, the researcher uses constant comparison to analyze and code the data. Constant comparison is the method of “comparing incident to incident and then incident to concept for the purpose of generating categories and saturating their properties” (Glaser, 2001, p. 185). Constant comparison involves two levels of coding. In the first level of coding, open coding, the researcher reviews the transcript of the interview line by line using words, sentences, phrases, and passages to assign codes. Open coding yields theoretical memos, which are ideas, insights and theoretical hypotheses about the data and the emerging categories. In the second level of coding, axial coding, the researcher reviews codes and groups these into categories. The researcher defines categories in terms of substance and properties using theoretical memos to link categories together. The linked categories then form a theory to explain the process. Through first and second level coding, the core category emerges and the researcher identifies the core category which subsumes most of the categories characterized in the theory.

How does this project fit into current research in the area (include brief lit review)?

Trust has been described in the research literature as institutional trust or interpersonal trust (Weaver, 2006). Institutional trust is trust in institutions such as a hospital or trust in a group such as nurses or physicians. Interpersonal trust is trust between people at an individual level and is the focus of this study. Robinson (2000) defined trust as “the belief that the other will act in one’s best interest” (p. 247). According to theoretical literature related to trust, five key components are present for trust to occur: vulnerability, risk, power imbalance, familiarity and good will (Baier, 1986; Sellman, 2007). Trust is fundamental in the nurse-patient relationship (Keller, 2008; Thorne & Robinson, 1988) and is an important component of nursing care since it is a component of communication, patient-centered care and culturally competent care (Kim-Godwin, et al., 2006; Stasiak, 2001; Warda, 2000). Trust is particularly important when caring for Hispanic patients since trust (confianza) is a key cultural value (Warda, 2000). Confianza is trust in others based on a close relationship as a family member or friend. Several qualitative research studies related to culturally competent care and Mexican Americans noted the importance of developing trust in the nurse-patient relationship (Stasiak, 2001; Warda, 2000; Zoucha, 1998).

Trust and the Patient-Provider Relationship

Thorne and Robinson (1988) published an influential work related to trust in the patient-physician relationship with patients with chronic illness and their family members in the clinic setting (doctor’s office). The authors found a three stage process in the development of the relationship and trust was prominent in each stage as the relationship evolved over time. Hupcey, Penrod and Morse (2000) completed a grounded theory study (classical method) related to the establishment of trust in hospitalized patients. Although the research occurred in the hospital setting, it did not specifically focus on the nurse-patient relationship. In their findings, the researchers did not distinguish trust from patient satisfaction (Hupcey, et al., 2000) and the model provided does not seem to be unique to trust development. Trojan and Yonge (1993) completed a grounded theory study related to
the development of trusting relationships in the nurse-patient relationship in the home care setting. The research question was "What is the process of developing a trusting relationship between home care nurses and elderly clients" (Trojan & Yonge, 1993, p. 1904). In the results, the core category was Trusting, Caring Relationships which is nearly identical to the research question of trusting relationships and seems to be a superficial finding for a core category. The stages identified were Initial Trusting, Connecting, Negotiating, and Helping (Trojan & Yonge, 1993).

**Dissertation Study: Trust in nurse patient relationship with Mexican Americans**

In studies related to trust and the provider relationship, the focus have been in the doctor’s office between patient and physician, in the hospital setting between patient and a variety of care providers including physician and nurse, and in the home care setting between patient and nurse. However, none had explored how trust develops between the nurse and the patient in the hospital setting, and not from the perspective of the hospitalized Mexican American patient. Therefore, in my dissertation study, I explored the process of how trust develops between the nurse and the hospitalized Mexican American patient. Using the grounded theory methodology, 22 English-speaking Mexican American patients were interviewed in a face-to-face format in the hospital setting. A theory emerged that explains the process of how trust develops between the nurse and the hospitalized Mexican American patient (See figure). The categories were sequenced in time and linked together in a model of the development of trust that indicates a beginning, middle, and end point in the process as well as outcomes of the process. The eight categories were Having Needs, Relying on the Nurse, Coming Across to Me, Connecting, Taking Care of Me, Feeling Confianza, Confiding in the Nurse, and Taking Away the Negative. The core category was Making Me Feel Comfortable.

![Diagram of the process of developing trust in the nurse-patient relationship](image)

The process of developing trust in the nurse-patient relationship depends on the nurse’s ability to make the patient feel emotionally comfortable so if the need arises, the patient will confide in the nurse and ask for help. The process begins with the patient having a need (Having Needs) and relying on the nurse (Relying on the Nurse) to address the need. In the interaction cycle, the manner in which the nurse responds and comes across to the patient (Coming Across to Me), demonstrates caring (Taking Care of Me), and connects with the patient (Connecting) can lead to the patient feeling comfortable with the nurse. In feeling comfortable, the patient is willing to trust the nurse (Feeling Confianza) which leads to confiding in the nurse (Confiding in the Nurse) and the positive interaction can take away previous negative feelings (Taking Away the Negative). Conversely, during the interaction cycle anytime there was a negative element, this element halts any further development of trust. If the nurse comes across as negative or does not seem to care about the patient, the patient feels uncomfortable and may feel like a bother, will not develop trust, and will not ask for help. Development of trust with a nurse is a cyclical process that starts again with the next shift.

*Making Me Feel Comfortable* is the core category and reflects through positive interactions with the nurse, the patient feels comfortable with the nurse. This feeling comfortable is a state of
being, a feeling of ease with the nurse, rather than physical comfort. When the patient feels comfortable, the patient feels *confianza* and is willing to confide in the nurse. The term “making me” reflects the key role the nurse has in the patient reaching this state of being. It is the nurse’s actions which direct whether the interaction will be perceived as positive or negative. *Coming Across to Me* included the properties *making a first impression*, *responding*, and *talking*. *Connecting* reflects the feeling the patient gets when experiencing positive interactions with the nurse, a mutual connection between patient and nurse. *Taking Care of Me* is a more action-oriented response and included *being very helpful*, *coming in and asking*, and *showing care*. *Feeling Confianza* included properties of *making me feel good* and *feeling like family*, and, if the interaction was negative, *feeling like a bother*. *Making me feel good* included feeling comfortable to ask and to trust. *Feeling like family* reflected feeling like a family member was caring for the patient and the comfort level that gave the patient. *Confiding in the Nurse* reflected the patient was willing to share something personal, ask for help, and allow the nurse to help. *Taking Away the Negative*, another outcome of trust, reflected the patient putting aside negative feelings about an experience and replacing them with the positive feelings derived from positive interactions with a particular nurse.

The findings from the dissertation study are helpful for nurses caring for Mexican American patients in a hospital setting and nurse educators teaching students how to care for patients as well. A limitation of the study was recruitment of English speaking patients and excluding monolingual Spanish-speaking patients. Language is a powerful influence in culture, acculturation may influence the development of trust with the nurse. Therefore, rather than build on the existing model, it is important to start without apriori judgments and build a model to reflect perceptions of Spanish-speaking Mexican Americans (Study 1) and a model reflects perceptions of non-Hispanic English speaking patients (Study 2). These will then be compared with the model from the dissertation study to form a middle range theory of the development of trust in the nurse-patient relationship.

**What methods will you use to obtain the project's objective or answer the research question?**

The grounded theory method (Glaser & Strauss, 1967), a qualitative research design, is being used. In grounded theory, data collection and data analysis occur concurrently. Data analysis is through constant comparison method using open and axial coding, by hand rather than with a computer program (see explanation of grounded theory on p. 1). Data will be collected through face-to-face interviews with hospitalized patients. An interview guide will be used to focus the interviews on the nurse-patient relationship. Theoretical sampling will be used in later interviews, after categories emerge and relationships between categories, to specifically explore components of the model from the dissertation study if they have not yet emerged. A purposeful sample of Spanish-speaking Mexican American (Study 1) and English-speaking non-Hispanic (Study 2) hospitalized adults will be recruited and interviewed in the hospital setting. For Study 1, a trained bilingual research assistant will conduct the interviews in Spanish. The interviews will be audio-recorded and a transcription/translation service will be used to transcribe and translate transcripts from Spanish to English. For study 2, the researcher will conduct the interviews in English. The researcher will analyze the transcripts using the constant comparison method of classic grounded theory to identify codes and categories and link them together to form a model on the development of trust. In the dissertation study, 22 participants were interviewed. It is anticipated approximately 20 participants will be needed for Study
1 and another 20 participants in Study 2. The inclusion criteria is the participants must be (a) Spanish-speaking monolingual or limited English proficient Mexican American adults (Study 1) or English-speaking non-Hispanic adults (Study 2), (b) been hospitalized at least two days to experience nursing care on a medical-surgical or obstetric unit, and (c) anticipate discharge within the next day or so. Exclusion criteria are (a) cognitively impaired (dementia, confusion), or (b) are admitted to a unit for treatment of a mental health condition. Due to Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, key hospital personnel will approach patients who meet the inclusion criteria. If the patient is interested in speaking with the researcher about the study, the researcher is provided with the name and room number of the patient. The participants will receive a gift card ($20) as a token of appreciation at the completion of the interview. This recruitment plan and data collection method were used in the dissertation study and met Institutional Review Board requirements at both the university and hospital.

I have spoken to Erika Zynda and I plan to submit an IRB application for each of these studies once funding sources are determined.

What activities are planned? If this is a collaborative project the applicant should clearly specify his/her role and activities under the grant in relation to other participants.

For Study 1, a bilingual research assistant will be hired and trained to conduct face-to-face interviews with Spanish-speaking hospitalized patients. I plan to conduct the study at the same hospital in the urban Midwest as I used for the dissertation study since the hospital serves a high proportion of Mexican Americans. The transcripts will be transcribed and then translated into English. Although I am proficient in reading, writing and speaking Spanish, I am not fluent so will be working with a research assistant to conduct the interviews in Spanish. For Study 2, I will interview English-speaking non-Hispanic patients and have the interviews transcribed. I will complete the data analysis for both Study 1 and Study 2 in consultation with an expert in grounded theory and an expert in Mexican American culture.

What outcomes do you expect? How will the results be disseminated?

In Study 1, I will discover the affect of language on the development of trust. In Study 2, I will discover how trust develops in patients who are not Hispanic and determine whether certain previous findings were correctly attributed to Hispanic culture. I anticipate data collection and analysis for Study 1 over spring and summer 2014 and Study 2 fall 2014 and winter 2015. Results will be disseminated at the local level at a meeting of the Nursing Research Consortium of North Central Indiana (NRC-NCI), at the regional/national level at the Midwest Nursing Research Society annual conference, and, depending on finances, at the international level at a STTI Honor Society of Nursing annual conference. In addition, a manuscript will be submitted to a peer-reviewed nursing journal.

What qualifications do you bring to the position as grant director?

This is a continuation of my dissertation study which was successfully defended at Loyola University Chicago in July 2012. At Loyola, I completed a course in Grounded theory and for my dissertation study, I worked with a mentor in grounded theory, Dr. Lee Schmidt. For the dissertation study, I created a budget and successfully completed the study using grant funds awarded through Alpha Chapter of STTI Honor Society of Nursing. In addition, I have experience as the Principal Investigator on a collaborative study with co-investigator Sue Anderson (IUSB nursing faculty) and leaders of a local Hispanic community organization. The study is a quantitative, descriptive study of cardiovascular risk factors
and socioeconomic status in the Hispanic population. I budgeted and dispensed grant funding awarded by the NRC-NCI.

What previous grants (IUSB and external) have you received, what resulted from those projects?

Indiana University Overseas Conference Grant ($800), February 2013: Oral presentation of my dissertation study at the STTI Honor Society of Nursing 24th International Nursing Research Congress in Prague, Czech Republic (July, 2013). In addition, networked with nursing researchers and am now collaborating with researchers from Israel planning a study on clinical education models along with nursing programs in Norway and Great Britain.

Indiana University Language Learning Grant ($2000), May 2010: Improved my Spanish language abilities as well as increased my understanding of Mexican culture related to health and folk medicine. This knowledge was useful in dissertation study and cardiovascular risk factor study with Mexican Americans, as well as teaching nursing students in medical-surgical course.

Alpha Chapter of STTI Research Grant ($2500 award), March, 2012: Funds used for dissertation study expenses. The findings have been disseminated at the local level as the invited speaker for the Spring Program of the NRC-NCI (February, 2013), at the regional/national level as a podium presentation at the Midwest Nursing Research Society annual conference (March 2013) and at the international level at the STTI Annual Research Congress. Will submit a manuscript for review to the peer-reviewed Journal of Advanced Nursing in November.

NRC-NCI Research Grant ($2000), April, 2010: Funding used for cardiovascular risk factor study with Hispanics in northern Indiana. Preliminary results disseminated at the NRC-NCI Spring program 2011, poster presentation at Michigan Institute for Clinical and Health Research 2011, invited speaker at Northern Indiana Community Health Engagement Program (CHEP) Retreat 2011. Submitted an abstract to present full results at the annual conference of Midwest Nursing Research Society and will submit for publication with a peer-reviewed journal.

What efforts are underway to obtain additional funding for this project?

I will submit an application for the Midwest Nursing Research Society New Investigator Seed Grant due November 29. The highly competitive grant is for up to $10,000. If I am fortunate enough to be awarded both the IUSB Research Grant and the MNRS Seed Grant, I will decline the IUSB grant for use by other IUSB researchers.

### Detailed Budget and Budget Justification

**Research Grant request $8,500**

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**TOTAL**                                      |       |         |          | $9,610.72 |
A. Transcription Services- Interviews will be audio recorded and then sent to a transcription service for transcription since it is a very time intensive process. The online transcription and translation service I plan to use, Transdual (www.transdual.com), was highly recommended by another nurse researcher I met at an international conference who used these services for her qualitative research with Spanish-speaking Mexican Americans. This estimate is based on the rates published online, $1.85 per minute of audio, assuming an average 30 minute interview which is what occurred in my dissertation, and interviewing 40 participants (20 participants in Study 1, 20 participants in Study 2).

B. Translation Services- Interviews in Study 1 will be conducted in Spanish and the transcribed interviews will then need to be translated into English for data analysis. I am proficient in spoken and written Spanish, but not fluent. The cost estimate is based on the Transdual online rates published of $5.00 per audio minute, assuming 30 minute average interviews, and 20 Spanish-speaking participants in Study 1. Since Study 2 is with English-speaking participants, translation services will not be needed. The nursing researcher confirmed the translation services are accurate and reliable when compared to other translation service providers she has used.

C. Bilingual Research Assistant- As noted, I am not fluent in Spanish therefore I will need to hire a bilingual (native Spanish speaker) research assistant to conduct the interviews with the Spanish-speaking Mexican American participants. There is no set hourly rate for research assistants I have found in checking with Becky Torstrick and Erika Zynda, but Becky noted the need to pay a bit higher hourly rate for a bilingual person. I am assuming 80 hours which includes training, IRB training, interviews and hospital wait time, and reviewing transcripts for accuracy. In my experience with my dissertation study, two or three 30 minute interviews can be conducted in an 8 hour day in the hospital setting, with downtime spent waiting for a participant to become available (visitors in room, pausing interview and stepping out of room for nursing care, etc.).

D. Travel Expenses- I conducted the dissertation study in a hospital in the Chicago area in a community with a large Mexican population. I plan to use the same hospital since the staff and administrators were welcoming and I had success in participant recruitment. Hospitals in the South Bend area, even Elkhart, do not have a high enough Mexican American patient population. The hospital is 112 miles from IUSB, round-trip 224 miles at IRS rate 56.5 cents/mile plus $6 in tolls in Illinois ($132.56 per round trip). I am assuming 12 trips total to complete Study 1. For Study 2 data collection will occur at a hospital in the Michiana region so there is no travel costs.

E. Participant Gift Cards- As a token of appreciation, the participants will receive a $20 gift card at the completion of the interview. Assuming 20 participants in Study 1 and 20 in Study 2 for a total of 40 participants.

F. Translation of Consent Document- The IRB requires consents to be written in the language of the participant, so it will be necessary to translate the consent document into Spanish. Transdual charges 15 cents per work for legal documents and the consent (English language only) used in my dissertation study was 861 words, assuming 1000 word document at 15 cents/word = $150.

G. Printing misc. – General printing for consent documents, handouts for key hospital personnel with inclusion/exclusion criteria, etc.
**H. Recording Equipment**- Interviews will be audio recorded. Sony Digital recorder costs about $60-$80 and a microcassette recorder costs about $50, plus cost of batteries and micro cassettes. In completing interviews, it is necessary to have a back-up recording device. In my experience with my dissertation study, a digitally recorded interview was inaudible due to a smartphone being on and in close proximity to the digital device. Therefore both the digital and microcassette recorder will be used.