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In accordance with instructions in the grant letter, I am providing this final report of my research which was been funded by the Research and Development Committee at Indiana University South Bend.

After being awarded the grant in November 2013, I spent winter and spring 2014 completing the IRB approval process at Indiana University South Bend and the hospital in the Chicago area where I did data collection for the first Phase of the study, trust with Spanish-speaking Mexican Americans. I purchased Target gift cards through Indiana University for the participants to be awarded during data collection. In May 2014 I hired a bilingual research assistant and trained her in interview techniques and basic research principles related to the protection of subjects and she completed the IRB required training related to the protection of research subjects as well. I met with key administrators at the hospital and was partnered with a bedside nurse there to act as my gatekeeper to identify patients who meet the criteria for my study. Over the summer 2014 I collected data for my grounded theory study, interviewing hospitalized patients about once a week, or every other week along with data analysis. The audio recordings of the interviews were sent to a bilingual transcriptionist and transcribed and translated. The research assistant and myself then verified these documents. Most of the funds have been used to pay the research assistant and transcriptionist.

In October 2014 after preliminary data analysis of 16 interviews, I decided to add another hospital site for data collection in a rural area. This additional site was chosen because at the original site most of the nurses spoke Spanish, and every participant had a positive experience. By adding the additional site, the Spanish-speaking patients (n=4) had more encounters with the language barrier since very few nurses spoke Spanish. In addition, I did encounter one patient who had a negative experiences with a nurse which added depth to the categories. I completed data collection for Phase 1 of the study in May 2015 and preliminary data analysis at end of June 2015.

I am preparing for Phase 2 of the study, trust with English-speaking non-Hispanic patients. I have received IRB approval from two additional hospitals, one in South Bend area and the other in southwest Michigan, for Phase 2 of the study. I hope to start data collection in December 2015 or January 2016 for Phase 2.

Dissemination: I presented Phase 1 findings in an oral presentation at Sigma Theta Tau International (STTI) Honor Society of Nursing Research Congress in Puerto Rico (July 23, 2015) and will present at the Midwest Nursing Research Society annual conference in March 2016. I will be presenting findings to nurses at the two hospitals throughout fall 2015 and submitting for publication to a peer-reviewed nursing journal fall 2015 or winter 2016.
Developing Trust in the Nurse-Patient Relationship with Spanish-Speaking Mexican American Patients

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Abstract

Trust is an important component in the nurse-patient relationship with hospitalized patients and a key cultural value in the Hispanic culture. Spanish-speaking Mexican American patients may develop trust differently than English-speaking Mexican American patients.

Purpose: To explain the process of how interpersonal trust develops between the nurse and the Spanish-speaking Mexican American hospitalized patient in the United States.

Methods: The classical grounded theory methodology was used. Face-to face interviews were conducted in Spanish with patients hospitalized on a medical or obstetric unit in the Midwestern United States. A bilingual research assistant was present and assisted with conducting the interviews. Sixteen participants were interviewed in an urban setting (n=16) and findings indicated nearly all the nurses spoke at least some Spanish. Theoretical sampling led to an extension of data collection to a rural setting (n=4) where the nurses did not speak Spanish. Data analysis in this classic grounded theory study using constant comparison included first and second level coding.

Results: A model of the development of trust with the hospitalized Spanish-speaking patient in the United States was developed and included the core category Caring for Me Even When Not Understanding Me. The language barrier was a key factor but trust could develop even with the nurse who did not speak Spanish. The model included categories Having Needs, Communicating, Understanding, Chatting, Being Available, Having Confianza (Trust), and outcomes Feeling Comfortable and Feeling Supported. An important factor in the development of trust was the nurse’s attitude; participants noted some nurses were able to transmit trust even with a language barrier present. An interesting finding was participants placed the responsibility for the language barrier on themselves rather than the nurse, and participants expressed frustration and vulnerability at their lack of English-language skills.

Conclusion: Implications for practice included the importance of the nurse at least attempting to speak the patient’s language, even basic words or phrases as well as the importance of the nurse’s attitude. Future research includes a study of trust between the nurse and non-Hispanic patient and comparing the models to form a middle range theory on trust development in the nurse-patient relationship.