# Nurse-Patient Trust Relationship

An Article review

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**Abstract**

The aim of this review is to provide understanding of the trust in relation to the nurse-patient relationship. The most important part of nursing is the nurse-patient relationship, which is essential to nursing practice, and one of the most important in this relation is trust.

The concept of trust is particular interest to nursing as it has been identified as an important element in the nurse-patient relationship. This concept is an important consideration in the nurse-patient relationship. It can be easily established as well as easily broken. Once the patient walks into the hospital, he/she depends on the nurse for trust and for the nurse to have morals. If the expectations of the patient are not met by the nurse, trust along with the relationship will be lost.

As Peplau's theory of interpersonal relation in nursing there are four phases of the nurse-patient relationship (Orientation Phase, Identification Phase, Exploitation Phase, Resolution Phase), the trust starts on the first phase (Orientation Phase). It builds when the client is confident in the nurse and when the nurse's presence conveys integrity and reliability, also it develops when the client believes that the nurse will be consistent in his or her own words and actions and can be relied on to do what he or she says. Trust include nurse to: Caring, Openness, Objectivity, Respect, Interest, Understanding, Consistency, Treating the client as a human being, Suggesting without telling, Approachability, Listening, Keeping promises, Honesty.

All nurses must strive to achieve the trust relationship in order to provide good care in comfortable environment.

**Key words:** Nurse relationship, Patient, Client, Trust relationship.

Trust is "confidence in and reliance upon others, whether individuals, professionals, or organizations, to act in accord with accepted social, ethical, and legal norms" ( Institute of Medicine, 2006, p. 110-111).

"A clear understanding of trust and values of trust is important to both health care and lifelong learning" (Risley, 2013, p. 508). The building of a trusting nurse-patient relationship is based on communication, the patient must see the nurse as someone that he or she can open to their concerns, and not feel judged, if the nurse made a feel of uncaring or uninteresting, the patient may feel uncomforted or sometimes depressed from that, sometimes this condition made the situation of the patient more stress. When the first meeting with the patient, the nurse should Introduce him/her self to the patient and use patient's name while talking with, also the nurse should make different non verbal communication like eye contact and smile. "A handshake at initial meeting is often a good way to quickly establish trust and respect" (Pullen & Mathias, 2010, p. 4), by that the patient will feel more safety to discuss his/her feelings, then patient anxiety will be reduced and created a more pleasant environment, nurses should address the patient's concerns as soon as possible, his will build upon the trusting relationship, as the patient will be aware of the responsiveness of the nurse.

There are many of researchers who attempt and started to define the relationship and the trust, the nurse position regarding patient/Client trust and respect, also the affect of this relation on quality of care and improvement of patient in different wards like Critical Care Units, palliative care, home care…

The core of nursing work is the patient relationships, by using nursing knowledge and skills this relations started, which should be therapeutic relationships. When we are taking about nurse and patient trust relationship, we shall define each elements.

- o        Nurse: "a person qualified and authorized to practice nursing" (In Defining Nursing, Royal collage of Nursing,2003, p. 18).
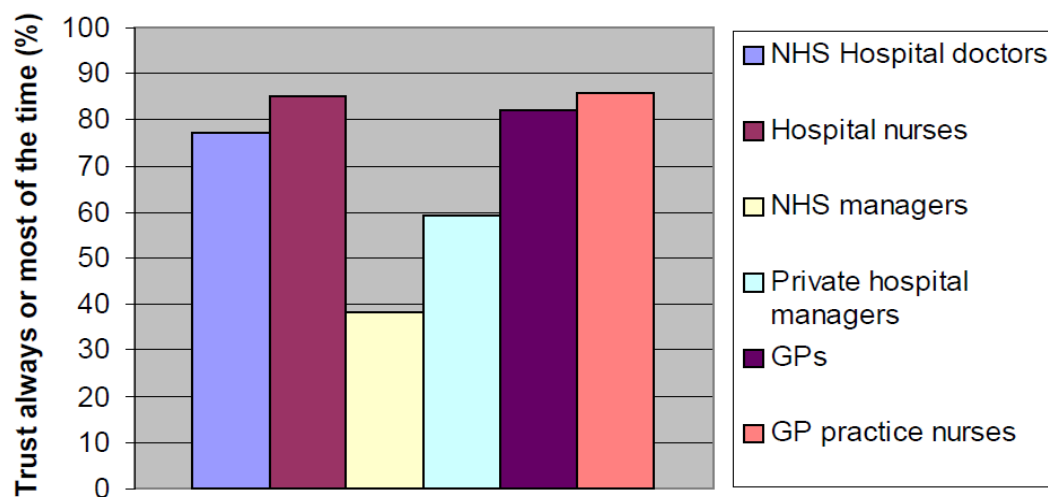
Nursing encompasses autonomous and collaborative care of individuals in all settings for all ages, families, groups, and communities, sick or well (International Council of Nurses, 2010).

- o        Patient/Client: A person or persons with whom the nurse is engaged in a professional therapeutic relationship. The client is an individual, also the client can include family members and/or substitute decision-makers of the individual client (The Nurses Association of New Brunswick, 2000).

- o        Trust Relationship: "confidence in and reliance upon others, whether individuals, professionals, or organizations, to act in accord with accepted social, ethical, and legal norms" (Institute of Medicine, 2006, p. 110-111).

- o        Therapeutic Relationship: helping relationship which based on mutual trust and respect, the nurturing of faith and hope, being sensitive to self and others, and assisting with the gratification of the patient's physical, spiritual needs, and emotional through the knowledge and skills (Pullen & Mathias, 2010), as reported in Therapeutic Nurse-Client Relationship, College of Nurses of Ontario (2006) there are five components to the this relationship, which are: trust, respect, professional intimacy, empathy and power, and all this components are essential for nursing.

**The importance of trust relationship:**

Building a relationship of mutual respect, trust, and friendship will guide the nurses into a successful transition that will result in promoting professional nursing practice (Borrello, 2011).

The American public has identified nursing as the profession it most trusts. In the 2008 Gallup poll, 84% of respondents rated nurses' ethical standards and honesty as "high" or "very high." Nurses have received the top ranking in this poll since 2002, ahead of physicians, teachers, and pharmacists (Yette, 2010), also there is evidence from national survey at 2004 in UK (Figure 1) shows that nurses had highest rate of trust than others (Calnan & Rowe, 2005).



(Figure 1): Levels of trust in health services staff

Mok and Chiu (2004) concluded that the nurses who develop trusting relationships demonstrate a holistic patient care approach, show their understanding of patients' suffering, provide comfort without actually being asked, they are aware of their unvoiced needs, and are reliable, proficient, and competent in their care.
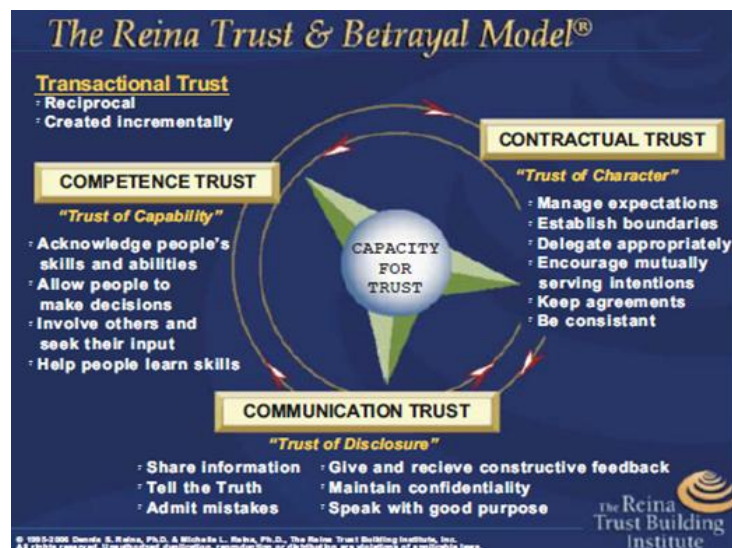
When parties within a relationship have a decrease in their capacity for trust, misunderstandings, or diminished cooperation, the conflict often result (Rushton, Reina, & Reina, 2007), examples of unmet expectations that lead to that situations; nurse neglect to make sure that the environment is safe for an elder patient who then falls, also breaking confidence lead to that situation.

These are challenging times in the world of bedside nursing. Nursing has earned its reputation as a trusted profession by providing caring interventions to the patients,

nurse privileged to be allowed to interact with people who are in some of the most vulnerable situations of their lives. It's critical that nurses continue to focus on providing the best possible care to their patients in the current stressful healthcare environment, finding ways to organize care efficiently and effectively while maintaining a trusting nurse-patient relationship and upholding the values of the nursing profession is paramount (Yetter, 2010).

**Transactional Trust Model**

The component of the Reina Trust and Betrayal Model (Figure 2) according to Rushton, Reina, and Reina (2007) identifies behaviors that build trust and offers guidance in creating a trustworthy environment for care, since the trust is transactional in that it exists in relationships between at least 2 parties, it involves a mutual exchange, and it is created incrementally over time, "these components include: competence trust (trust of capability), communication trust (trust of disclosure), and contractual trust (trust of character), for each type of trust, the model specifies behaviors that are essential for building that trust and suggests ways to interact with patients and families" (p. 22).



(Figure 2): The Transactional Trust component of
the Reina Trust and Betrayal Model

**Developing a trust relationship:**

The concept of trust is a particular interest to the nursing, and also an important element in the nurse patient relationship.

Calnan and Rowe (2005) mentioned that the trust relations are dynamic and may change during the pathway of care, and it's forward looking, and reflects a commitment to an ongoing relationship. According to Runy (2008), nurses spend between 20 percent to 30 percent of their time in direct patient care, regarding that time the time should be therapeutic and within trusted relationship. Trusting patients and families

feel respected and are able to utilize their abilities to make decisions; cope with disease, disability, and death; and carry out treatment plans.

According to Mok and Chiu (2004) there are four themes in the development of a trusting and connected relationship: "(1) understanding the patient's needs; (2) displaying caring actions and caring attitudes; (3) providing holistic care; and (4) acting as the patient's advocate" (p. 479). So when a nurse respond to a patient's needs in a trustworthy way, a relationship of trust developed, and in all conditions we shall be fair and consistent with each patient to inspire trust, amplify our professionalism, and enhance our credibility (Remshardt, 2012).

The nurses should develop their plan of care with their patients, this caring relationship develops when the nurse and the patient come together, regarding Peplau theory; the trust starts on the Orientation Phase, which is one of the four phases in nurse patient relationship ("Theoretical Foundations of Nursing: Peplau's Psychodynamic Nursing", 2008), so starting with introducing nurse self to the patient and use name (nurse name) while talking with patient, and handshake at initial meeting is often a good way to quickly establish trust and respect, their meeting should be with effective verbal and nonverbal communication which is an important part of the nurse patient interaction, at that time we as nurses make sure that patient has privacy when we provide care, actively listen to the patient, and understand patient concerns by restating what he/she has verbalized, also maintain eye contact, smile at intervals and nod our head as we and the patient engage in conversation, speaking calmly and slowly in terms that he/she can understand. Some patients need more therapeutic touch, such as hand-holding and hugging than others and some patients prefer no touching. Always the nurses should respect differences in cultures, and to be sure that the patient basic needs are met, including relieving pain or other sources of discomfort. It's a win-win situation in which the nurse and the patient can experience growth by sharing "the moment" with each other (Pullen & Mathias 2010). Also Yetter (2010) mentioned some examples like inviting the patient to call for the nurse through the call-light system or by phone which is another welcoming interaction that establishes the beginning of a trusting relationship, another important example is provide and explain each medication ordered for the patient, accessing the medication record, double checking the five medication rights before giving the medication, and using two patient identifiers

are all methods to ensure medication safety and prevent costly errors that erode the patient's trust in the nurse.

An important thing is maintaining professional boundaries, it's every nurse's responsibility to become knowledgeable regarding the prescribed professional boundary guidelines, understanding and compliance with these boundaries allows us to best serve the public during all professional nursing interactions. Rushton, Reina and Reina (2007) they mentioned the boundaries, which are the limits of the professional relationship that allow for a safe, therapeutic connection between the professional and the patient, are essential for trustworthy relationships. "The beginning of a therapeutic relationship is the best time to establish respectful boundaries with patients and families" (p. 24).

Regarding that When nurse is unable to establish a trusting relationship with a client, she/he may consult with the nurses manager to request that another nurse provide care ( Therapeutic Nurse-Client Relationship, College of Nurses of Ontario, 2006), also Pask (1995) found in her analysis of trust and its influence upon nursing practice that nurse "education is one potential influence upon the formation of trust and distrust relationships within health care"(p. 190).

**Conclusion**

The core of nursing work is the patient relationships, which should be therapeutic relationship, by this the nurse establish a trusted relationship with the patients, which is also a moral value, usually the relation started by the first meeting, and in order to establish this relation, the nurse make different verbal and non-verbal communication which enhance the sense of trust between both the nurse and the patient. It's not easy process but it lead for more improvement in patient status especially the psychological aspect. Nurse education and training regarding this relation also more aspect of verbal and non-verbal communication. Regarding the limitations, first I faced a lot of problems when I attempt to access some of the articles because it need authorized access, second there are few articles exploring trust among nurses and patients, so I recommend to study and review more about this topic. Finally, the growing of trust between nurses and patients will improve the positives images of nurses in the society.

# References

Borrello, S. J. (2011). Nursing as a second career. *LWW Journals*, *9*(1), 6-7.

  doi:10.1097/01.NME.0000390935.67160.e2.

Calnan, M., & Rowe, R. (2005). *Trust relations in the 'new' NHS: theoretical and*

  *methodological challenges*. Retrieved from

  http://www.hsrc.ac.uk/Current_research/research_projects/public_trust.html.

College of Nurses of Ontario (2006). *Therapeutic nurse-client relationship*. Toronto:

  College of Nurses of Ontario. Pub. No. 41033 ISBN 1-897308-06-X.

Institute of Medicine (2006). *Organ donation: Opportunities for action*. Washington,

  D.C: National Academies Press.

*International Council of Nurses*-ICN (2010).Retrieved from http://www.icn.ch/about-icn

Mok, E., & Chiu, B. (2004). Nurse' patient relationships in palliative care. *Nurse' patient*

  *relationships in palliative care*, *48*(5), 475-483.

Nurses Association of New Brunswick. (2000). *Standard for the therapeutic*

  *nurse-client relationship*. Fredericton, NB: Nurses Association of New

  Brunswick. ISBN 1 895613 28 0

Pask, E. J. (1995). Trust: an essential component of nursing practice, implications for

  nurse education. *Nurse Education Today*, *15*(3), 190-195.

  doi:10.1016/S0260-6917(95)80105.

Pullen, R. L., & Mathias, T. (2010). Fostering therapeutic nurse-patient relationships.

  *LWW Journals*, *8*(3), 4. doi:10.1097/01.NME.0000371036.87494.11.

Remshardt, M. (2012). Do you know your professional boundaries? *LWW Journals*,

  *10*(1), 5-6. doi:10.1097/01.NME.0000406039.61410.a5.

Risley, L. M. (2013). Parallels of the Nurse-Patient, Facilitator-Learner Trust

    Relationships as they Affect the National Economy. *Handbook of Research on*

    *Technologies for Improving the 21st Century Workforce: Tools for Lifelong*

    *Learning* (pp. 507-521). Hershey, PA: doi:10.4018/978-1-4666-2181-7.ch03


Royal College of Nursing. *In Defining nursing.* London: RCN. Code 001 998

Runy, L. A. (2008). The Nurse and Patient Safety. *Hospitals & Health Networks, 2*(11),
    43-46. Retrieved from:
    http://www.hhnmag.com/hhnmag/html/2008_Index.html

Rushton, C. H., Reina, M. L., & Reina, D. S. (2007). Building Trustworthy Relationships
    With Critically Ill Patients and Families. *ACCN*, *18*(1), 19-30. Retrieved from
    http://m.aacn.org/WD/HWE/Docs/19-30_Rushton.pdf


Theoretical Foundations of Nursing: Peplau's Psychodynamic Nursing. (2008,

    August). *Theoretical Foundations of Nursing*. Retrieved from

    http://slsu-coam.blogspot.pt/2008/08/peplaus-psychodynamic-nursing.html


Yetter, D. (2010). Preserving a positive image of nursing in a complicated healthcare
    environment. *LWW Journals*, *8*(2), 5-7,
    doi:10.1097/01.NME.0000368743.21924.19.