Factors Influencing Trust in Nurse-Patient Relationships During Transplant Events

Suzanne Elaine Slovak

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Factors Influencing Trust in Nurse-Patient Relationships During Transplant Events

by

Suzanne Elaine Slovak

An Honors Capstone

submitted in partial fulfillment of the requirements

for the Honors Diploma or Certificate

to

The Honors College

of

The University of Alabama in Huntsville

November 7th, 2016

Honors Capstone Director: Dr. Haley Hoy

Associate Professor of Nursing

Student (signature) Date

Director (signature) Date

Department Chair (signature) Date

Honors College Dean (signature) Date
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Suzanne Slovak
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Suzanne Slovak
Student Signature

11/11/2016
Date
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Acknowledgements

I want to thank Dr. Elise Adams and Dr. Ann Bianchi, my College of Nursing Honor advisors, for their encouragement, instruction and time given for this research study. Through their enthusiasm and guidance it inspired me to extend my knowledge and advance my investigation for this study. I am grateful for both of their involvement and guidance throughout this research study.

I would also like to thank Dr. Haley Hoy, my College of Nursing Honor advisor, for her energy, positivity, and resources that were invaluable to my research. By way of her assistance I was able to complete the interviews necessary for my research and also provided the opportunity to attend the event where the research findings were presented.

Finally, I would like to thank the transplantation nurses who supported the study. I am grateful for their willingness to share their experiences that helped complete the study and the time they contributed in support of this research.
# Table of Contents

I. Abstract .................................................................................................................................4

II. Introduction ..........................................................................................................................5

III. Review of Literature ..........................................................................................................5

IV. Methods ...............................................................................................................................8

V. Results ..................................................................................................................................9

VI. Discussion ..........................................................................................................................12

VII. Limitations .........................................................................................................................13

VIII. Conclusions .......................................................................................................................13

IX. Dissemination .......................................................................................................................14

X. Appendix A: University of Alabama in Huntsville IRB Approval .................................16

XI. Appendix B: Vanderbilt Letter of Approval .................................................................17

XII. Appendix C: Nurse Consent Form ..................................................................................18

XIII. Appendix D: Participant Questionnaire .........................................................................21

XIV. Appendix E: Research Intent Flyer ...............................................................................22

XV. Appendix F: Demographic Survey ..................................................................................23

XVI. Appendix G: Dissemination Poster ................................................................................24
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

Abstract

Background:

Establishing a solid foundation of trust in a nurse-patient relationship is elemental and encourages successful patient outcomes. Any weakness in this chain could lead to potential gaps in the individual’s understanding potentially decreasing the rehabilitation period success.

Methods:

A qualitative study was conducted to provide an in-depth perspective of the transplant nurses’ perceptions of their role in the establishment of trust within the nurse-patient relationship. Participants attended an individual interview with each responding to 5 structured open-ended questions. Participants that were unable to attend the interview completed the five question survey and returned the form to the investigator.

Results:

Seven nurses involved in the plan of care process for transplant patients made up the sample population. The interviews identified the following attributes which define the nurse-patient relationship: knowledge of patients’ care and history, anticipation of patient needs and consistency of care.

Conclusions:

Through establishing a trusting nurse-patient relationship, the patient is encouraged to take an active part in their plan of care. The patient feels empowered to make lasting positive changes in their lives. Through the demonstration of therapeutic responses and consistency, development of a trusting nurse-patient relationship is encouraged thereby improving the rehabilitation time for the patient.
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

Introduction

The formation of a strong nurse-patient relationship with trust as its foundation has the potential to decrease the post-transplant recipient’s’ rehabilitation time. Nursing care given to their patients’ can influence the eventual outcome by establishing an open-communication method that allows for freedom of discussion between the nurse and the individual that ensures proper understanding of concepts. The nurse can establish trust with their patient through their daily interactions consisting of the care issued, time spent together, and establishing an open communication pattern that allows for the recipient to freely discuss any concerns or areas that need more education. Several factors can influence the success or failure of building trust within the nurse-patient relationship. Lindquist (1997) found that time constraints, task-centered care emphasis, and the overall nurses’ attitude regarding the importance of communicating with their patient can all influence the success or failure of establishing a therapeutic relationship. According to Farahani, Mohammadi, Ahmadi and Mohannadi (2013) a successful relationship is established, patients feel encouraged, anxiety and fear is lessened, and their quality of life is improved.

Review of Literature

The literature was reviewed using CINAHL and PubMed databases from 1997 to the present. A keyword search included: nurse-patient relationships, trust, transplantation, nurse-patient communication, and nurse-patient interaction. Resources identified in this search included books, journals and doctoral dissertations.

Marcus, (2014) reports that communication is often partially understood, misunderstood, or misinterpreted. Miscommunication can be due to several reasons including age, gender, ethnicity, or level of education. In this study, females were shown to use a more open discussion style in order to clarify any remaining misunderstandings whereas males attempted to resolve any withstanding problems independently. Another potential factor that could impede the relationship between the patient and healthcare team is the inability to understand medical terminology when a diagnosis is discussed with the
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

Patient. A prior assessment should be made of the patient’s healthcare literacy and an education plan included in the patient’s plan of care.

Patient education provides for the continuation of self-care during the post-transplantation phase of recovery. Mendes (2013) has recognized that patients benefiting from a successful therapeutic relationship showed increased rates of satisfaction and improved quality of life with effective education. The benefit of learning enables the patient to develop behaviors conducive to effective rehabilitation.

Lindquist (1997) found when the nurse-patient relationship was established on trust the patient was more inclined to cooperate and participate in the plan of care while their anxiety and any discomforts felt were reduced. In this study several examples of trust in the nurse-patient relationship are examined. The evolution of trust include; the establishment of rapport with the patient, consistently attending to the patient’s needs in a timely manner, the assumption that trust was earned and not a given in the patient, and the nurse must demonstrate competence in performing their duties. Also, when the nurse has an open line of communication with the patient this was found to have enabled the individual to be more candid with the nurse in expressing any of their concerns. Empathy and the giving of time by the transplant nurse further promoted caregiver trust in the patient.

Mendes (2008) points out how the nurse is the link to enabling a secure bond between the patient and their families with the healthcare team. Within that bond the principles of trust, respect and the freedom to freely express concerns are established. With an established trusting nurse-patient relationship the patient is more accommodating to making lifestyle changes and adhering to the medication regimen that is required in a post-transplantation patient.

Lack of effective communication in the nurse-patient relationship presents a barrier to the establishment of trust. Participants in a study by McCabe (2003) stated their frustration when the nursing team did not provide enough information in regards to their treatment, in its place; the focus was centered on completion of necessary tasks for the patient only. Task-centered communication focuses only on the
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

most necessary information and carrying out of the most essential elements of care leaving the patient feeling of less importance in comparison to the tasks at hand. When this method of care was applied in the nurse’s daily rounds the participants of this study viewed the nurses merely as workers, not professionals in their line of work and therefore was reserved in their daily interactions.

By incorporating a patient-centered model the individual is able to take a more active role in their plan of care. By active participation in the treatment plan, Doss (2011) found the patient was more likely to adhere to their plan of care, consequently giving more favorable outcomes. By encouraging active participation in their care the patient achieves a sense of empowerment which gives them the feeling of control over the factors that are currently affecting their lives. When communicating with the empowered patient, an interactive format is important. The patient feels open to discussing any misunderstandings or concerns and the healthcare team are able to freely educate the individual successfully. A safe environment and established trusting nurse-patient relationship must be set up in order for this model to be achieved so that the patient feels free to openly discuss their concerns.

The importance of conveying a sense of security, trust and professionalism in the actions of the transplant nurse helped to express the elements of competence and empathy towards the care of the patient. Del Barrio (2004) points out that care involves not just proficiency in the task performed, but also treating patients as individuals and by showing empathy and closeness during the interactions. The quality of care can further be improved when the nurse takes the time to listen to what the patient is saying both verbally and nonverbally. The nurse-patient relationship is strengthened and the individual feels a sense of security with a heightened confidence level in the attending health care professionals.

The topic of trust and enhancing the nurse-patient relationship has been studied in a variety of ways. By establishing trust it has been found that the overall success of the individual’s plan of care increases, open-communication is unobstructed allowing for clarification of concepts that may be obscure and the patient is empowered to help make decisions in regards to their plan of care and necessary
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

lifestyle changes. The aim of this study was to further examine the importance of trust in the nurse-patient relationship, focusing primarily on the methods used by the transplant nurse to achieve satisfactory results.

Methods

Design

A qualitative study was conducted to provide an in-depth perspective of the transplant nurses’ perceptions of their role in the establishment of trust within the nurse-patient relationship.

Sample

A purposeful sampling of seven transplant nurses’ was selected.

Setting

The study was conducted in a large urban university-affiliated teaching hospital affiliate. Inclusion criteria for the study included: (a) registered nurse; (b) worked with transplant patients a minimum of 2 years.

Procedure

Both the University and hospital institutional review committee approvals were obtained (Appendix A, B). Prior to recruitment of study participants, the principal investigator supplied the university-affiliated teaching hospital with an informational flyer (Appendix E) that requested both their cooperation and participation in the study. Each participant provided the investigator with a completed written consent (Appendix C) and Demographic Survey (Appendix F) at the start of the interview. The participants attended a one-time only- interview session which lasted 30-40 minutes. During the interview the participants responded to five structured open-ended questions. Their responses were audio-recorded. Following the interview of each participant the principal investigator transcribed the audio-recordings verbatim. The transcripts were reviewed to identify themes.
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

Instrument

A five structured open-ended question interview guide (Appendix D) was used to direct the interview. The principle investigator designed each question to better differentiate the factors each participant used to achieve a successful trusting relationship with their patients. The topics included; knowing when you can trust the patient, when the patient trusts the nurse and daily practices used with success by the nurse were explored in the question interview guide.

Results

The population for this study consisted of seven RNs with a minimum of two years’ experience working with transplant patients. Originally eleven participants agreed to participate, with a total of four being ineligible due to not meeting the study parameters of minimum years required. A qualitative study was conducted using a structured open-ended interview guide (Appendix D). Analysis of the respondent interviews revealed the following common themes which included: (1) interventions used to establish a foundational trusting nurse-patient relationship, (2) limitations and barriers encountered while building a trusting nurse-patient relationship, (3) examples of practices commonly used to build rapport and trust by the transplant nurse, (4) verifying a patient trusts the nurse, and (5) when the nurse knows they can trust the patient.

Theme 1- Interventions to Establish Trust

The first common theme was the transplant registered nurses’ reflected in the interview pertained to examples on a daily basis they used to establish a foundation of trust with the transplant patient. Patients showed positive feedback to the transplant nurses’ when they felt the nurse took an active interest in their personal life and history. A participant stated with “identifying of myself, taking an interest in their family an other interpersonal relationships, being confident and knowledgeable about their care and history” the patient reacted positively and communication was increased and candid. The transplant nurse when familiar with the patient’s schedule endeavored to plan any labs and visits to coincide with the patient’s schedule to allow for a smooth transition. By using this knowledge, the nurse can help increase the rehabilitation success through program adherence and consistent appointment attendance.
When implementing a therapeutic approach with their client, the transplant nurse is able to reassure the patient that they take precedence and their care is a priority. By implementing this method with the patient, one participant commented how this made the patient “feel remembered and like they are your only patient.” Further, by prioritizing the patient and having a thorough knowledge of their history it permits the transplant nurse opportunities for valuable teaching times with a more receptive patient to further ensure a successful rehabilitation outcome.

A final common focus for establishing a foundation of trust within the nurse-patient relationship was on the nurses’ part. Participants stressed the need to follow through with the patient, especially once the nurse informs the individual of their intent. Examples given include “call when you say you will. Always follow-up.” The consistent responses encouraged the patient to trust the nurse and furthered the development of the nurse-patient relationship.

**Theme 2- Barriers to Trust**

A barrier experienced in developing a trusting nurse-patient relationship occurred when the individual experienced an unpleasant past occurrence with the medical personnel or institution itself. One participant commented when the patient “had a bad experience with them and then they are non-trusting of our program. You hear it in their voice and their questions.” Patients also experience a wavering in their trust when their primary nurse is switched or moved to another department causing the newly appointed nurse to have to reestablish both rapport and trust with the patient.

The lack of face-to-face interaction proved to be another barrier cited by the participants in the study. When limited to only conversations over the phone, the transplant nurse is restricted to only verbal cues as to how the patient feels or reception of information they were given. By removing the ability to evaluate the patient’s nonverbal cues in the conversation, it is possible to misinterpret the statements...
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

given over the phone by the patient. It was also stated by a participant that “almost every interaction I have with a patient is by phone so there is no face-to-face contact to help build that rapport.”

Finally, the distance the patient may need to travel to attend scheduled appointments or educational classes caused a barrier to the nurse-patient relationship. A participant stated “a lot of patients come from so far to be transplanted here that the distance alone can be a bit of a barrier sometimes.” Due to this, the transplant nurse must rely on phone conversations with the patient to establish both trust and rapport. When establishing a nurse-patient relationship limited to only phone conversations, it caused an increase in the time it took to establish a trusting foundation.

Theme 3- Practices Used to Build Trust

By implementing certain practices the transplant nurse can encourage a positive and consistent outcome with the establishment of rapport and trust with their patient. A participant commented that a visit during a patient’s appointment made a lasting impression on the patient by “going the extra mile to work with the donor to provide them care that is above and beyond their expectation”. By performing further than their given jobs, the transplant nurse helps further establish the trusting relationship with their patient by demonstrating that the patient matters to them.

A participant commented to “remember details of their story, their family, and their lives…make them feel like they are your only patient. Find out their likes and dislikes.” By knowing details of the patient’s lives it promotes the growth of rapport and trust, which allows the patient to be more receptive to interventions and teaching from the transplant nurse. Accordingly, by giving clear and concise answers in regards to test procedures and verification of the patient’s understanding of the procedure being done also encourages this foundational growth in the nurse-patient relationship.

Theme 4- Indications Patient Trusts Nurse

Outward expressions of trust concerning the nurse can be expressed in different ways by the patient. An example given by a participant stated “they are confident in your care of them without question. They ask for you personally.” The verbally expressed gratitude from the patient to their
transplant nurse is another method used to convey the trust within the nurse-patient relationship. Another participant expressed indications of the patient trusting the nurse by their “body language, tone. They will tell you how much they appreciate you, will call and ask to speak with you, not leave a vague message.” Finally, when the patient feels a basis of trust has been established between the nurse and their selves, confidence will be shown in the plan of care they receive and adherence to the prescribed regimen is more probable.

**Theme 5- Nurse Trusts Patient Indications**

The transplant nurse must be able to assess the degree to which their nurse-patient relationship is established upon trust. When asked, a participant commented in regards to trusting a patient that “you never truly know, but once you establish a rapport with the patient and learn to glean other signs from them, you can usually establish trust.” Other participants felt trusting their patients at face value and giving them the benefit of the doubt was an effective method. Due to the significance of the patient’s circumstance, it was felt that the patient would want to follow the prescribed care plan in order to increase the likelihood of a successful outcome. For the transplant nurse it is imperative to evaluate the patient for early indications of a compromised trust between the nurse and patient in order that corrections can be implemented early on to ensure a continuous transition in recovery.

**Discussion**

Building of trust in the nurse-patient relationship takes time and effort. In Mendes (2008) article it states that “patients establish with nurses a relationship of trust, respect, and freedom to share their anxiety and fears.” The participants in the study through consistency of care and going above and beyond their normal job detail have been successful in gaining trust with the patient. Trust enables the patient to be more candid about their experience and receptive to being an active participant in their rehabilitation. This will increase the likelihood of lasting lifestyle changes with an improved post-operative outcome. With the establishment of trust the nurse is able to provide necessary teaching for their post-transplantation recovery. In an additional article by Mendes (2013) it is stated “the goal of education is to
enable patients not only to understand their current health condition, but also to be capable of making healthcare-related decisions” (p.420). When the patient knows they are able to trust their nurse, the opportunity to have effective teaching and for patient adherence was shown with positive results by the participants of this study. Linquist (1997) stated consistently attending to the patient’s needs in a timely manner and the application of an open line of communication with the patient allowed the individual to be more candid with the nurse in expressing of any concerns they had. Participants acknowledged once trust was achieved between the nurse and patient, then the patient felt more at ease discussing their history, especially when the nurse was knowledgeable of their lives and family dynamics.

Through the use of these common themes the transplant registered nurses’ were able to give voice to their learned experience as it pertained to each topic. This allowed the investigator the ability to gain insight into the factors that determined a successful attainment of a trusting nurse-patient relationship.

**Limitations**

The findings of the study are not generalizable to all transplant nurses. This is due to the small sample size (n=7) and being confined to a single site (large urban university-affiliated teaching hospital). Another limitation is the absence of no direct observation of nurse-patient interaction. Potential future research could be expanded to include more institutions involved in the study and by reducing the RNs years of experience required. Another potential future study may involve studying both nurses with direct and indirect (phone only) contact with the patients. By so doing, differences in methods used to gain patient trust could be furthered compared and implemented.

**Conclusion**

The findings of this study support the literature and suggest establishing trust increases rates of satisfaction and improves patient adherence. This study sought to establish which factors can influence the formation of trust within the nurse-patient relationship and how these factors contribute to the overall attainment of the patient’s post-transplant rehabilitation time. For the transplant nurse it is imperative to
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

evaluate the patient for early indications of a compromised trust between the nurse and patient in order that corrections can be implemented early on to ensure a continuous transition in recovery.

Dissemination

Dissemination of the study findings were presented by poster (Appendix G) at an annual nurse practitioner transplant symposium in a large urban area. The Vanderbilt Transplant Nurse Practitioner Symposium had over 150 attendees for the two day event. The majority of those in attendance included Nurse Practitioners with a few Doctorate of Nursing Practice (DNP) degrees.
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

References


May 9th 2016

Heather McAllister/Suzanne Slovak
College of Nursing
The University of Alabama in Huntsville

Dear Ms. McAllister, Ms. Slovak,

The UAH Institutional Review Board of Human Subjects Committee has reviewed your proposal, *The effect of communication of nurses, transplant patients, and other health-care disciplines*, and found it meets the necessary criteria for approval. Your proposal seems to be in compliance with this institution's Federal Wide Assurance (FWA) 00019998 and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46).

Please note that this approval is good for one year from the date on this letter. If data collection continues past this period, you are responsible for processing a renewal application a minimum of 60 days prior to the expiration date.

No changes are to be made to the approved protocol without prior review and approval from the UAH IRB. All changes (e.g. a change in procedure, number of subjects, personnel, study locations, new recruitment materials, study instruments, etc) must be prospectively reviewed and approved by the IRB before they are implemented. You should report any unanticipated problems involving risks to the participants or others to the IRB Chair.

If you have any questions regarding the IRB’s decision, please contact me.

Sincerely,

William Wilkerson
IRB Chair
Dean, Honors College
May 4, 2016

To whom it may concern:

I am very pleased to provide this letter of support for the UAH College of Nursing’s honor students’ proposed project interviewing transplant nurses. The importance of nursing research is consistent with our organization’s mission and values.

Through our previous partnerships, I have worked closely with the UAH College of Nursing and plan to continue to do so in advising and collaborating to provide nurses interested in transplantation the necessary skills and competencies to do so. Ensuring the delivery of high quality care and thus nursing research are of critical importance to our organization and I whole-heartedly support this effort.

We look forward to working with the College of Nursing on this new endeavor. Please feel free to contact me should you have any questions.

Sincerely,

[Signature]

Jerita Payne, ACNP-BC, MMHC
Assistant Director, Clinical Transplant Services
805-D Oxford House
Nashville, TN 37232-4753
Phone: 615-936-0431
Fax: 615-936-7600
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

Appendix C

Consent Form:

The effects of communication in nurses caring for transplant patients between their patients and other health-care disciplines.

You are invited to participate in a research study about the effects of communication in nurses caring for transplant patients between their patients and other health-care disciplines. This study is designed to help us to better understand the effects of communication between transplant nurses and other health-care disciplines as well as the effects of communication between transplant nurses and their patients. The primary investigators are Heather McAllister and Suzanne Slovak, from the University of Alabama in Huntsville, located in Huntsville Alabama.

PROCEDURE TO BE FOLLOWED IN THE STUDY: Participation in this study is completely voluntary. Once written consent is given; you will be asked to complete a short demographic survey. You will be assigned a number for identification during the study and will be referenced by that number instead of their name for the duration of the research study. Prior to entering the interview room, you will be asked to remove your nametag. You will be interviewed within a group of other interviewees (anywhere from 1-11 others). The open-forum interview focus group will be recorded using Ipad/Iphone mobile applications as well as a traditional voice recorder. You will then be asked 10-20 questions by the PIs. This session will take approximately 1 hour.
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

DISCOMFORTS AND RISKS FROM PARTICIPATING IN THIS STUDY:
Potential risks to you by participating in this study include possible emotional and psychological stress that may trigger any negative feelings associated with the experiences that are being discussed. The possible risks for this study are estimated to be minimal, if any.

EXPECTED BENEFITS: Results from this study can benefit society by identifying facilitators and barriers to communication between registered nurses (RNs) and other health-care staff as well as identify potential factors that establish trust between the nurse and their patient. As a result, communication between RNs and their patients as well as other healthcare disciplines can be improved, thus overall improving patient outcomes. Please see the section below for incentives and compensation for participation in this study.

INCENTIVES AND COMPENSATION FOR PARTICIPATION: The topic being researched is directly relevant to your career and can provide insights into improving their relationships with their patients and other health-care disciplines. You will be offered a meal as compensation for your participation.

CONFIDENTIALITY OF RESULTS: No names will be used during the study. You will be assigned a number for identification during the study and will be referenced by that number instead of your name for the duration of the research study. You will be recorded using a third party iPad/iPhone mobile application and a traditional voice recorder. The recording will be heard by a third party confidential dictation service for transcription purposes. Once the study is completed all study recordings and paperwork will be shredded and destroyed.
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

FREEDOM TO WITHDRAW: You are free to withdraw from the study at any time. You will not be penalized because of withdrawal in any form. Investigators reserve the right to remove any participant from the session without regard to the participant’s consent.

CONTACT INFORMATION: If you have any questions, please ask them now. If you have questions later on, you may contact the Principal Investigators, Heather McAllister or Suzanne Slovak located in Huntsville, AL at the University of Alabama in Huntsville. Contact information for Heather McAllister: (334) 462-6627 or HM0024@uah.edu. Contact information for Suzanne Slovak: (256) 497-2148 or ss0148@uah.edu. Faculty supervisor is Dr. Haley Hoy at the University of Alabama in Huntsville. Contact information: (256) 824-6669 or Haley.Hoy@uah.edu. If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the Office of the IRB (IRB) at 256.824.6101 or email the IRB chair Dr. William Wilkerson at irb.@uah.edu. This study was approved by the Institutional Review Board at UAH and will expire in one year from <date of IRB approval>.

_________________________                             ______________________________
Name (Please Print)                                                          Signature                  Date
FACTORS INFLUENCING TRUST IN NURSE-PATIENT RELATIONSHIPS

Appendix D

Participant Questionnaire

1. Provide some examples that on a daily basis you use to establish the foundation of a trusting nurse-patient relationship with transplant patients.

2. What are some examples of limitations or barriers you experience when working with a patient while building a trusting relationship?

3. What are some examples of practices you used in building rapport and trust with your patients that have had the most positive and consistent outcomes?

4. How do you know a patient trusts you?

5. How do you know when you can trust a patient?
We want to learn more about…

Transplant Registered Nurses (RNs) and communication between their patients and other healthcare disciplines.

We want your help.

Researchers at the University of Alabama in Huntsville investigating the different communication techniques between RNs and their patients as well as between RNs and other healthcare disciplines.

When will this study take place?
Dates will be added when confirmed

Would the study be a good fit for me?
Participants need to have at least 2 years experience as an RN working on the transplant unit at Vanderbilt University Transplant Center.

How is the study conducted?
This study is an open-forum interview. Questions will be asked in a group setting with responses from participants recorded by the principal investigators.

For participating in this research study, a meal will be provided to participants.

To take part in this research study or for more information, please contact:
Heather McAllister at (334) 462-6627 or HM0024@uah.edu
Suzanne Slovak at (256) 497-2148 or SS0148@uah.edu

The principal researchers for this study are Heather McAllister and Suzanne Slovak at the University of Alabama in Huntsville
Appendix F

**Demographic Survey**

Open-Forum Focus Group Research Study on Transplant Nurses' Communication between their patients and other health-care providers.

Gender: ____________

Age: ____________

Ethnicity: ____________

Number of years working as a transplant nurse at Vanderbilt Transplant Center: _______
Factors Influencing Trust in Nurse-Patient Relationships During Transplant Events

Suzanne E. Slovak, University of Alabama in Huntsville
Haley Hoy, PhD, ACNP

Overview
Several factors influence the success or failure of building trust within the nurse-patient relationship.

What determines a trusting nurse-patient relationship?
• Attention to details
• Consistency
• Empathy for patient
• Knowledge of patient history

Key Findings
Analysis of the interviews revealed several common themes.
Themes of importance to the nurse-patient relationship included:
• Knowledge of patients’ care and prior history
• Anticipation of patient needs
• Nurse advocacy for patient
• Honesty

Explanation
By establishing a secure trusting foundation, it has been found that:
• Overall success of the individual’s plan of care increases
• Open-communication is unobstructed, allowing for clarification of concepts
• Patient is empowered to help make decisions in regards to their plan of care and necessary lifestyle changes

Impact
With a trusting nurse-patient relationship, the nurse can expect:
• Improved patient medication adherence
• Enhanced patient teaching reception
• Increased patient compliance to plan of care regimens
• Lasting healthy lifestyle implementation

Acknowledgements
Special thanks to Haley Hoy, PhD, ACNP and the UAH College of Nursing Honors College advisors who provided much support and assistance for this research study to be completed.

Graphics courtesy of: gepopc.com, pathshak.com