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Developing Trust in a Nurse-Patient Relationship

A Literature Review

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Abstract

Trust is considered the foundation of nursing care and essential to the nurse-patient relationship. Trust between a nurse and a patient has been suggested to have a positive influence on the care results as well. Furthermore, many factors seem to affect the development of trust in a nurse-patient relationship. The aim and purpose of the literature review was to gather current evidence-based information applicable to nursing science, about factors influencing the development of trust between a nurse and a patient.

The articles used in the study were obtained from databases, *CINAHL (EBSCO)* and *Academic Search Elite*, offered by JAMK University of Applied Sciences. The article search process was guided by predetermined inclusion and exclusion criteria. The relevance of the title, abstract and ultimately full text of the articles were evaluated leading to seven selected articles in total. Two of the articles were discovered via manual search.

The article analysis was performed utilizing the flexible structure of thematic analysis. The selected articles were read repeatedly and the results were coded in a chart, finally creating the main themes followed by subcategories. The study identified five main themes: *Communication - a key factor in a nurse-patient relationship*, *Manner of interacting with patients*, *Quality of care*, *Nursing Competence* and *Attributes of care provider*. The results indicated the significance of connection, positive interaction and empathy which supported the development of trust between a nurse and a patient. The way the care was provided, the skills and attributes of a nurse together with familiarity, race, culture and matters considering facilities providing the care were also influential factors within the development of trust.

The study findings indicate that there are many ways nurses may influence the development of trust with patients. However, some influential factors are not dependent on the actions or qualities of a nurse. In addition, the findings suggest that trust is not gained through the status of the nursing profession only but requires true effort to be developed. As trust appears to have a major influence on nurse-patient relationships and thus, care results as well, more research is needed to fully understand the diversity and extent of factors that influence the development and continuity of trust and the benefits of it in health care and nursing.

Keywords (subjects)

nurse, patient, trust, relationship

Miscellanous

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1 Introduction

Trust is considered the foundation of nursing care and essential to the nurse-patient relationship (Hagerty & Patusky 2003, 145-5; Murray & McCrone 2015, 3-23). In addition, a nurse-patient relationship is considered the core of nursing (Halldorsdottir 2008, 643-52). Such variables as gender, age, ethnicity and health status of the patient, care provider and his or her background and, more importantly, interpersonal skills together with organizational variables appear to influence the development of trust between health care personnel and patients (Murray & McCrone 2015, 3-23).

It has been suggested that trust or the lack of it between a patient and a healthcare professional may have a significant effect on the outcomes of care. For patients who do not trust health care professionals and feel anxious or frightened during their hospital stay, accepting any advice or treatment can be difficult, and therefore, they may experience more pain and complications. (Eriksson & Nilsson 2008, 2352-9; de Raeve 2002, 152-162.) On the contrary, patients who trust the health care personnel, are more likely to experience improved outcomes of care and less symptoms. They are also more likely to be satisfied with their treatment. (Birkhäuer et al. 2017; Murray & McCrone 2015, 3-23.)

As stated, trust is shown to be essential for a good nurse-patient relationship and hence influence the care results as well. Therefore, studying this area of nursing is important. The importance of trust between a nurse and a patient has been studied widely. However, the factors influencing the development and continuity of the trust, require more research. The aim of this study was to conduct a literature review involving the factors that influence the development of trust between a nurse and a patient. The purpose was to collect current information on the study subject for nurses and other health care personnel to benefit from, and to increase the knowledge on trust in a nurse-patient relationship.

2 Trust in a Nurse-Patient Relationship

Trust is “a firm belief in the reliability, truth or strength” - - “of a person or a thing. It is the state of being relied on, a confident expectation” (Hawkins & Allen 1991, 1549). A trustworthy person is “reliable, responsible, and can be trusted completely” (Cobuild staff 2005, 751). Furthermore, mutual trust is the basis for a good relationship and a central concept within health care (Eriksson & Nilsson 2008, 2352-9).

2.1 Attributes of Trust

Trust is considered a dynamic process and an attitude relying on the confidence on someone. Furthermore, trust is a reliance on the good will of others (Eriksson & Nilsson 2008, 2352-9; Dinç & Gastmans 2011, 223-37).

Even though trust occurs in the present, both present and past occur within the act of trust. Therefore, *time* is one of the most defining attributes of trust. In addition, time stands for the development process of trust and the effects of time on a trusting relationship. (Dinç & Gastmans 2011, 223-37.)

Despite the reliance on the future actions and the honesty and sincerity of the trustee (Dinç & Gastmans 2011, 223-37; Cobuild staff 2005, 751), trusting someone always includes a certain amount of *risk*; a risk of being abused as there is lack of certainty about what the trustee might do. Therefore, for a trusting relationship to be formed, the trustee must prove that he or she is trustworthy (Dinç & Gastmans 2011, 223-37). Especially in a nurse-patient relationship which includes an imbalance of power, there is always a concern about exploitation (de Raeve 2002, 152-162). Therefore, trust is *fragile*, and hard to rebuild after being violated. That is why

vulnerability and *confidence* are also considered attributes of trust. (Dinç & Gastmans 2011, 223-37.)

Dinç & Gastmans (2011, 223-37) state that, according to several authors, one major attribute of trust is *goodwill*. As an additive to goodwill, trustees must meet the demands of trust and have reliability and competence (Dinç & Gastmans 2011, 223-37). Moreover, according to Eriksson & Nilsson (2008, 2352-9), *respect* and *friendship* are important in the development of a trusting relationship and trust. Some related terms are faith, belief, hope and distrust which, however, do not include the defining attributes of trust. (Dinç & Gastmans 2011, 223-37.)

2.2 Nurse-Patient Relationship and the Significance of Trust

Trust and trustworthiness are central concepts within health care. Moreover, caring requires establishment of trust between the nurse and the patient. (Eriksson & Nilsson 2008, 2352-9; Dinç & Gastmans 2011, 223-37.) Therefore, trust is considered the foundation of nursing care and essential to nurse-patient relationships (Hagerty & Patusky 2003, 145-5; Murray & McCrone 2015, 3-23). Time, respect, friendship, self-knowledge and professional maturity are some of the greatest assets when creating a trusting nurse-patient relationship. (Eriksson & Nilsson 2008, 2352-9). Furthermore, a nurse-patient relationship is considered to be the core of nursing (Halldorsdottir 2008, 643-52).

According to Dinç & Gastmans (2011, 223-37), social antecedents such as past experiences, expectations of positive consequences and the truster's beliefs about the trustee, influence the development of trust. In addition, perceptions of competence, the consistency of someone's behavior and an evaluation of the trustee's moral character are important factors in the development of trust (Dinç & Gastmans 2011, 223-37). According to Leslie & Lonneman (2016, 38-42), the

antecedents of trust between a nurse and a patient, in other words, the attributes of social interaction that together help in the development of a trusting nurse-patient relationship, include *meeting a need*, *respect*, *attention to time*, *continuity of care*, and *the initial visit*.

Halldorsdottir (2008, 643-52) has created a synthesized theory of the dynamics of a nurse-patient relationship from the patient's perspective. According to the theory, for a trusting nurse-patient relationship to develop, the nurse must be genuinely caring, competent and have professional wisdom. Ergo, the nurse needs to truly care for the patient, and not just as a patient but as a person as well. In addition, the nurse needs to have all the necessary nursing skills required and be knowledgeable and experienced. (Halldorsdottir 2008, 643-52.)

Halldorsdottir (2008, 643-52) describes the development of a connection between a nurse and a patient by using the word *bridge*. When talking about the lack of connection and the lack of nurse-patient relationship, she refers to the word *wall*. Ergo, when *bridg*e stands for the development of connection and mutual trust, *wall* represents negativity and the lack of communication. (Halldorsdottir 2008, 643-52.) According to Halldorsdottir's (2008, 643-52) theory, "building the bridge" occurs in six main stages.

Through these six stages, a trusting nurse-patient relationship is developed. Firstly, a connection between the two is created by reaching out to one another. (Halldorsdottir 2008, 643-52.) Secondly, all the stereotypes considering both the nurse and the patient are removed and mutual acknowledgement of personhood is created, using dialogue and conversation as tools to create closeness (Halldorsdottir 2008, 643-52; Eriksson & Nilsson 2008, 2352-9). After the second stage, the connection has already developed. Indicators for mutual acknowledgement of connection such as eye-contact, body-language and warmth in the voice can be detected at this point. In addition, patient starts to feel special. (Halldorsdottir 2008, 643-52.)

In the fourth stage, the patient feels comfortable enough to speak to the nurse truthfully when discussing about his or her present condition and related thoughts and feelings. The nurse respects the patient as a person and calls the patient by name. After the fourth stage, through truthfulness, the connection has reached the level of solidarity. The patient begins to feel equal to the nurse and realize that the nurse is on his or her side. In addition, the patient begins to have feelings of not being alone with his or her condition. (Halldorsdottir 2008, 643-52.) In order to, not only care for but additionally care about the patient, the nurse should be, to some extent, morally committed to show the patient generosity, charity and compassion (de Raeve 2002, 152-162).

In the sixth and last stage, there is a true negotiation of care which enables collaboration between the nurse and the patient. The nurse remains supportive and available. Eventually, and as the goal of the connection and trust, patient becomes well enough to be able to stop being a patient. (Halldorsdottir 2008, 643-52.) de Raeve (2002, 152-162) also states that for good nursing to occur, the connection between caring for and caring about should be intimate. However, a nurse should not be so attached to a patient that it makes the discharge difficult. In this case, the nurse's enjoyment of the relationship would disturb the true purpose of the nurse-patient relationship. (de Raeve 2002, 152-162.)

In health care and nursing, one reason for trust being such a crucial element between a truster and a trustee, is the imbalance of power between the two; patients are vulnerable as they depend on the care provided. Furthermore, patients need to rely on the good will of others by entrusting their health to nurses, expecting that they will receive good care. (Dinç & Gastmans 2011, 223-37.) To a patient, a nurse providing the care can be a total stranger. However, when meeting the patient for the first time, it is possible that the nurse has already partially gained the trust of the patient due to his or her professional nursing qualifications. (de Raeve 2002, 152-162.) In addition, the nurse must, not only care for the patient, but also care about the patient as a person. According to Halldorsdottir (2008, 643-52), such interactions support the development of a nurse-patient relationship.

Despite the imbalances of power in nurse-patient relationships, people seem to have a general trust in nurses. It has been suggested that many patients automatically trust that nurses, together with other health care professionals, will act in the best interests of patients and will not e.g. act abusively towards patients. However, whether a patient trusts an individual nurse or not, is different from the trust people have in nurses in general. (de Raeve 2002, 152-162.) In addition, de Raeve (2002, 152-162) states that nursing should not be presented to the public as an enterprise that they should trust blindly.

It has been suggested, as early as 1984, that the presence of social human relationships could affect the physiological responses of people, and hence influence the overall health. Afterwards, such link between social relationships and immune function has been discovered. (Halldorsdottir 2008, 643-52.) As explained above, creating trust between a nurse and a patient and maintaining the trust appears to be extremely important in nurse-patient relationships. For some patients, accepting any advice or treatment can be difficult if they do not trust the health care professional in question (Eriksson & Nilsson 2008, 2352-9). It has been argued that patients who are anxious and frightened during their stay at a hospital and do not trust nurses or other health care professionals, may experience more pain and complications (de Raeve 2002, 152-162). Furthermore, according to a meta-analysis executed by Birkhäuer et al. (2017), and an integrative review conducted by Murray and McCrone (2015, 3-23), patients who trust health care personnel, as opposed to patients who do not, are more likely to behave in a healthy way, have improved chronic disease management and higher quality of life, experience improved outcomes of care, less symptoms and be more satisfied with their treatment.

3 Aim and Purpose

The aim of the thesis was to conduct a literature review that would gather information about factors that affect the development of trust between a nurse and a patient, based on previous scientific research. The purpose of the literature review was to provide relevant information that could be utilized within nursing, by analyzing findings from the reviewed literature. Thereby, a research question was formed:

Which factors influence the development of trust between a nurse and a patient?

4 Methods

4.1 Literature Review

The thesis was carried out by conducting a literature review of selected articles that held answers to the research question. A literature review is an article or other published material that has studied relevant and current literature and provides an inspection into the reviewed subject (Nursing Resources 2017). A literature review is one of the review types used in the study of healthcare and health information. According to Grant & Booth (2009, 91-108), the fact that literature reviews study published literature, suggests that the material analyzed within a literature review holds some degree of permanence, and that the material has been peer reviewed. In addition, a literature review generally involves a process of establishing the material that can be included into the review, and a process of analyzing the value of the information found in the material (Grant & Booth 2009, 91-108). In the Journal of

School Nursing, Muennich Cowell (2012) states that a literature review is a scientific method, and scientific precision needs to be applied when conducting a review to standardize the method.

Different stages of the review process were applied for this study. These stages, introduced by Smith & Noble (2016, 2-3), are required when conducting a valid literature review. First, a motive for the review was established in the *Introduction* part of this study. *Introduction* includes information on the purpose the review services, and why and to whom it is relevant to. A literature review also needs to introduce the theoretical perspective relevant to the subject and clarify key concepts and issues. This was done in the *Trust in a nurse-patient relationship* paragraph. Based on the previous stages, a clear research question was formed and along with the research question, the aim and purpose of the study were generated and introduced. (Smith & Noble 2016, 2-3.)

Other stages involved within conducting this literature review included the following: forming inclusion and exclusion criteria for the reviewed material, choosing the databases used in the search of the material and providing reasons for these decisions, developing search terms and analyzing the information gathered from the material. (Smith & Noble 2016, 2-3.)

According to Muennich Cowell (2012), literature reviews have been an important part of the scientific research for a long time. Conducting a literature review, was chosen to be the research method for this study as several previous and current scientific studies relevant for the study subject had been conducted. A review of the existing literature, provides a possibility to define and report the key concepts and themes within the research question (Muennich Cowell 2012).

4.2 Article Selection Process

The articles that were used in the research were obtained using two different databases, CINAHL (EBSCO) and Academic Search Elite. In addition, two of the articles selected were discovered by manual search. The articles were chosen using predetermined inclusion and exclusion criteria shown in table 1.

Inclusion Criteria	**Exclusion Criteria**
Language of publication is English	Publications that are literature reviews
Publication is from years between 2005-2017	Duplicate studies
Publication is a science-based study	Publications concerning other health care professions
Publication is peer reviewed	
Publication is relevant to the subject	
Publication answers the research question	
Publication has a free full text access online	

Table 1 Inclusion and Exclusion Criteria

The search terms used within the search for relevant articles were the following: ***nurse-patient*** AND ***trust*** (including all phrasings) AND ***relation*** (including all phrasings). The synonyms that were used for the word *trust*, were ***reliance*** and ***faith***. In the case of *relation*, the synonym was ***connection***. Only peer reviewed, scientific research articles, written in English, conducted between the years 2005 and 2017, were searched. The detailed article search process is shown in *Figure 1*.

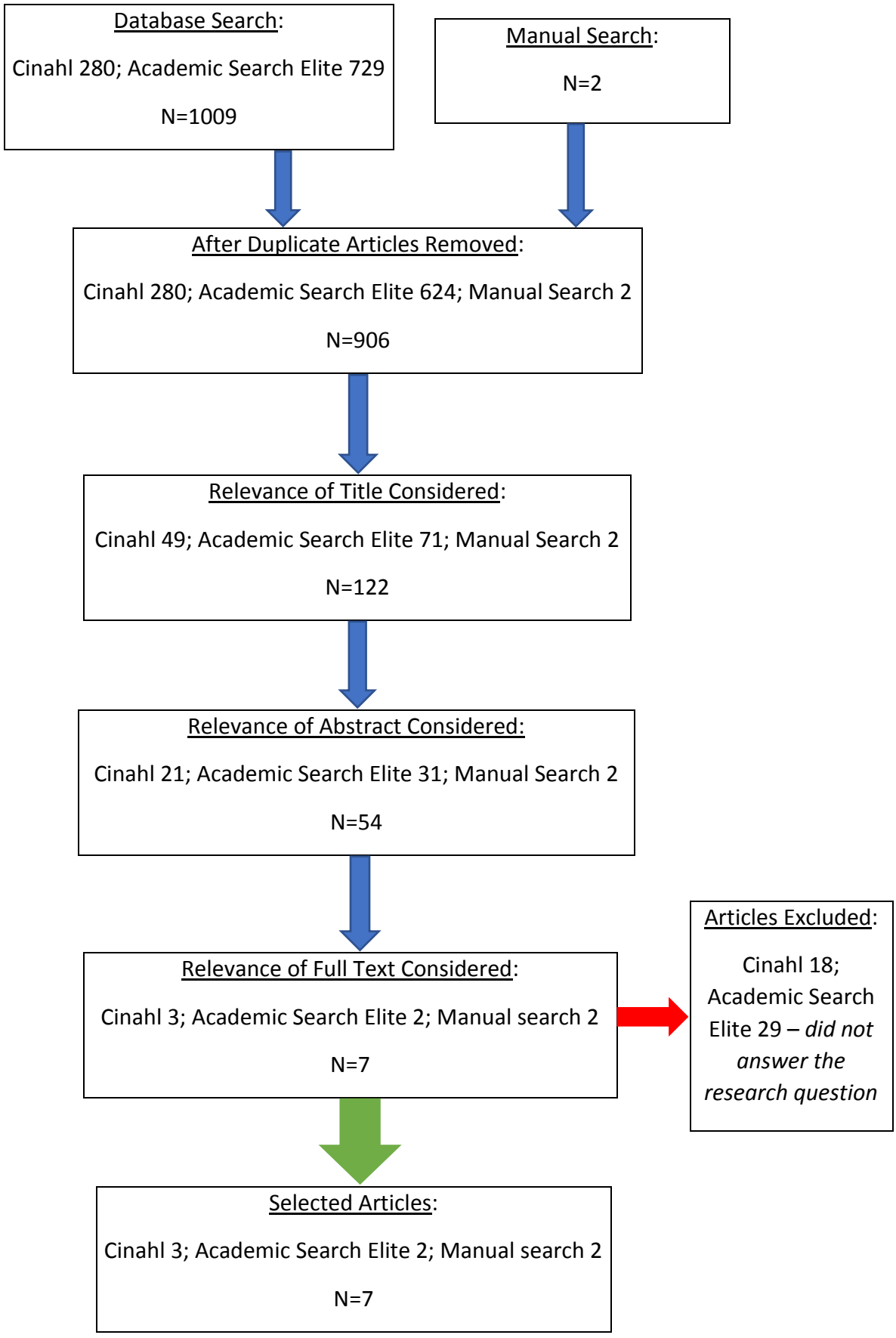

Figure 1 Article Search Process

The article search was executed individually. The area of responsibility of the two databases used within the article search was divided into two, meaning each database was processed by one person only - including the consideration of the relevance of both article titles and abstracts. The manual search was performed as a team. The selected articles were then read repeatedly by both members of the working group and the final set of articles was determined in close collaboration.

4.3 Data Extraction and Synthesis

The articles (N=7) used in this study, were published in years 2007 (1), 2008 (1), 2012 (2), 2013 (2) and 2015 (1). The countries where the articles were published are Sweden (2), Taiwan (1), USA (2), UK (1) and The Netherlands (1). The data collection methods used in the selected articles (N=7) were qualitative (5) and quantitative (2).

4.4 Method of Analysis

Thematic analysis is considered a foundational method for qualitative analysis; it provides skills useful for conducting many other forms of qualitative analysis. One of the benefits of thematic analysis is its flexibility as it does not require the detailed theoretical and technological knowledge of approaches. (Braun & Clarke 2006, 77-101.) On that account, thematic analysis was chosen for this study as the method of analysis.

According to Braun and Clarke (2006, 77-101), thematic analysis is a method for identifying, analyzing and reporting patterns or themes within data. In addition, thematic analysis interprets various aspects of the research topic. The goal of

thematic analysis, is to discover interesting aspects in the data which may form the basis of repetitive themes across the data set. However, there is no clear agreement about what thematic analysis is and how it should be executed. (Braun & Clarke 2006, 77-101.)

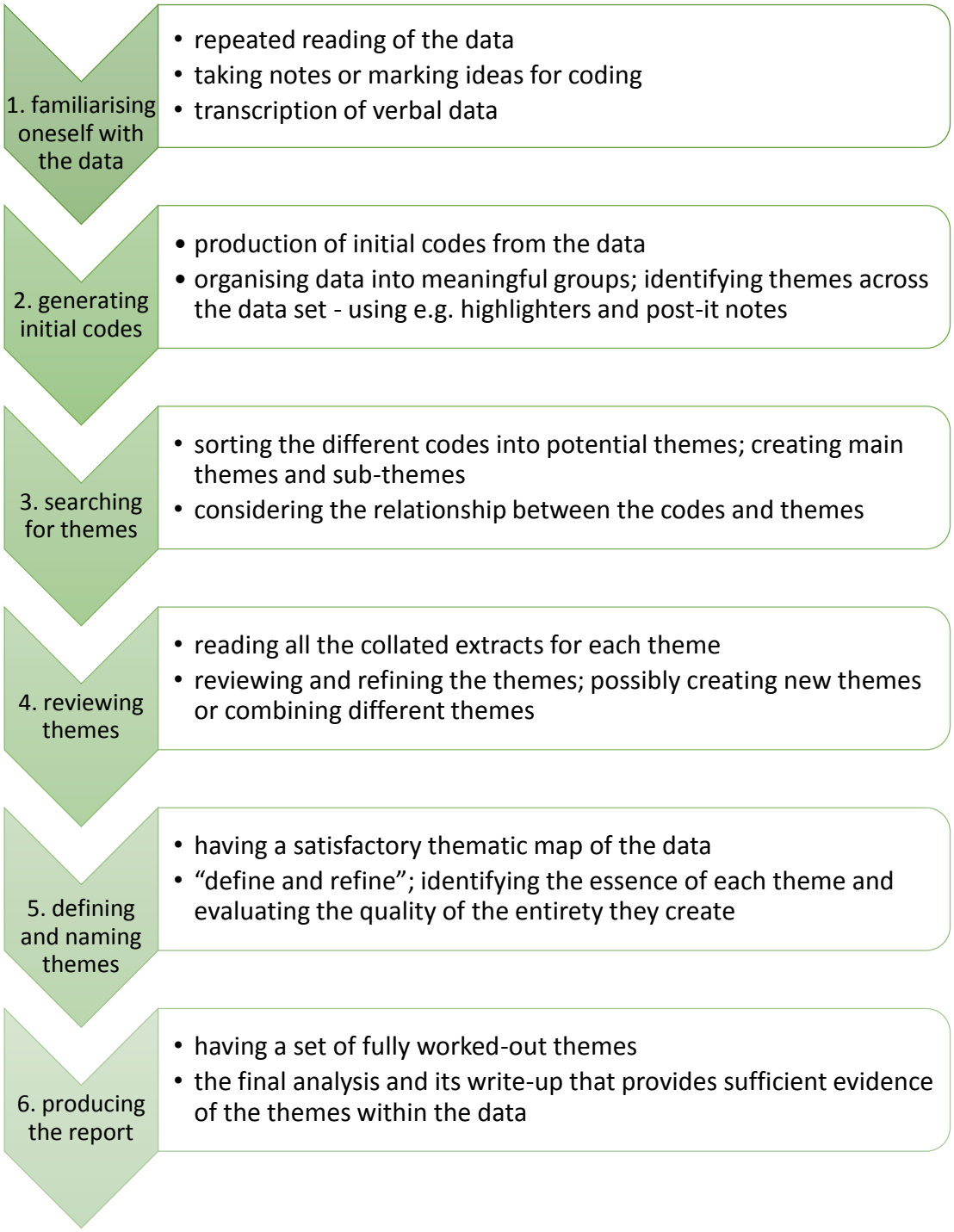

Figure 2 The six main stages within the process of performing a thematic analysis

(Braun & Clarke 2006, 77-101.)

After the group of selected articles had been designated, the data set was familiarized by repeatedly reading through the selected articles. Next, a chart in Microsoft Excel was created to easily take notes and mark ideas. Soon, after recognizing different parts within the data set that were answering the research question, the findings were captured and organized into initial meaningful groups by using the Excel chart, which offered a glimpse of the prospective thematic map of the data. Throughout the process of analysis, especially in the early stages, charting and color coding were vastly utilized. In addition, every phase of the process was carefully recorded. After all the findings from the data set, still in a plain manner of spelling, were entered to the chart and the initial themes created, the findings were decoded from the chart into the thesis document and composed into more fluent form of text, which created the *Findings* part of the thesis, including the initial main themes and sub-themes. Afterwards, the themes were yet modified and reshaped several times, after which, the final and more adequate themes were developed. Every part of the article analysis process was executed as a team.

5 Findings

The articles were read many times and analyzed thoroughly. The aim was to find answers for the research question, '*Which factors influence the development of trust between a nurse and a patient?*'. We were able to find a decent amount of information related to the subject, and several previous scientific studies had been conducted by various parties from the field of health care. However, further and more extensive research is needed as trust appears to be a major issue in the nurse-patient relationship (Murray & McCrone 2015, 3-23). In addition, studies suggest that trust can have a great influence on the care results as well (Birkhäuer et al. 2017; Murray & McCrone 2015, 3-23). Furthermore, many promising articles discovered through the systematic article search using two databases and manual search, did not fit the criterion of being available free of charge. Therefore, several articles with evidently potential information considering the research question, were excluded from the group.

Through the thematic article analysis, in total 5 conjunctive main themes were emerged from the 7 articles together: ***Communication - a key factor in a nurse-patient relationship, Manner of interacting with patients, Quality of care, Nursing Competence*** and ***Attributes of care provider***.

Communication - a key factor in a nurse-patient relationship was divided into subcategories, *building a connection with a patient* and *creating a caring relationship*. ***Manner of interacting with patients*** was divided into subcategories, *positivity versus negativity* and *nurse's attitude and approach*. ***Quality of care*** was divided into subcategories, *service quality and satisfaction with care* and *availability of care*. ***Nursing competence*** was divided into subcategories, *nursing expertise* and *nurse's emotional and ethical competence*. ***Attributes of care provider*** was divided into subcategories, *where and by whom care is provided* and *race and cultural factors*.

Communication - a key factor in a nurse-patient relationship

- building a connection with a patient
- creating a caring relationship

Manner of interacting with patients

- positivity versus negativity
- nurse's attitude and approach

Quality of care

- service quality and satisfaction with care
- availability of care

Nursing competence

- nursing expertise
- nurse's emotional and ethical competence

Attributes of care provider

- where and by whom care is provided
- race and cultural factors

Figure 3 Main Themes and Subcategories

5.1 Communication - A Key Factor in a Nurse-Patient Relationship

5.1.1 Building a connection with patients

A major factor considering the development of trust between a nurse and a patient appears to be connection and the act of creating it, initially originating from the nurse's behalf. No connection equals no communication, which leads to the lack of trust and the patient feeling uncomfortable. (Jones 2012.)

Strongly associated with connecting with a patient, is the first impression. A patient's first impression of a nurse, may considerably affect his or her willingness to begin to trust the nurse. First interaction, whether positive or negative characteristics prevail the nurse's verbal delivery, is significant considering trust. It has been stated that it is easier for a patient to connect and eventually begin to trust a nurse who, from the very beginning, comes across nice and friendly than a nurse who appears to be rude. If, after creating a connection, the patient feels ease with the nurse, it will most likely have a positive influence on the development of trust. (Jones 2012.) In addition, using the patient's family bond by connecting with the patient's family as well, also supports the development of trust between the nurse and the patient (Wassenaar, van den Boogaard, van der Hooft, Pickkers & Schoonhoven 2015, 3233-44).

5.1.2 Creating a caring relationship

Creating a caring relationship between a nurse and a patient enables the development of trust. A study conducted by Berg & Danielson (2007, 500-6) illustrates that nurses and patients strive towards mutual trust by forming a caring relationship. However, the strive towards caring relationship is not a guarantee of trust. (Berg & Danielson 2007, 500-6.)

In addition, “simple stuff” in the communication and interaction between a nurse and a patient, such as greeting the patient, responding positively to questions and acting on requests together with talking, helping and connecting, are considered valuable for the development of trust between a nurse and a patient. (Jones 2012.)

5.2 Manner of Interacting with Patients

5.2.1 Positivity versus negativity

According to Jones (2012) nurse’s actions which direct whether the interaction will be perceived as positive or negative, have a great impact on trust. Furthermore, positive interaction seems to be one of the most contributing factor considering the development of trust between a nurse and a patient. Trust is more likely to develop if the nurse comes across positive and seems to care about the patient than if the nurse acts in a completely opposite way towards the patient. Furthermore, positive interactions can take away previous negative experiences and feelings. (Jones 2012.)

5.2.2 Nurse’s attitude and approach

A nurse’s attitude also plays a role in the development of trust (Jones 2012; Wassenaar et al. 2015, 3233-44). The way the nurse talks to the patient and answers the patient’s questions, including both tone and content in the response, influences trust (Jones 2012). The nurse being informative, explanatory and understanding, supports the development of trust (Jones 2012; Wassenaar et al. 2015, 3233-44). On the contrary, a nurse who gives an attitude, is judging and plainly tells the patient what to do, disturbs the development of trust as the nurse will be perceived as being rude or having a negative attitude. Positive interaction makes the patient feel more comfortable which often leads to trust. (Jones 2012.)

The manner, in which a nurse goes about his or her job is also very important for the development of trust. A nurse who is being very attentive and helpful and indicates care by not just caring for the patient but also caring about the patient and therefore going “the extra mile”, is supporting and contributing to the development of trust. On the contrary, a nurse who simply comes in, “gets the job done” and leaves, is perceived unwilling to help. This inhibits interaction and connection between the nurse and the patient and will not lead to trust. (Jones 2012.)

5.3 Quality of Care

5.3.1 Service quality and satisfaction with care

The quality of health care service seems to affect the development of trust between a nurse and a patient. Chang, Chen & Lan (2013) have conducted a study on the correlation between service quality, patient trust and satisfaction in interpersonal-based medical services. The study states that the perception of service quality has a positive influence on the trust in care providers. (Chang et al. 2013.) Another study, conducted by Benkert, Peters, Tate & Dinardo (2008, 273-80), also discovered a strong relation between the satisfaction with care and the development of trust between a nurse and a patient.

5.3.2 Availability of care

The quality of service includes the availability of care. Holmberg, Valmari & Lundgren (2012, 705-12) studied the experiences of patients receiving homecare, and found that trust is connected to the availability of care. The care provided by a nurse should be on hand whenever it is needed (Holmberg et al. 2012, 705-12).

Having needs, makes a patient vulnerable, as the patient needs to rely on a nurse to address the needs. This layout itself may create trust of some degree between the nurse and the patient, as the nurse is presumed to fulfil the needs of the patient. (Jones 2012.) In a study conducted by Jones (2012), not carrying out a patient's needs was perceived as not caring. This negative interaction does not support the development of trust. Furthermore, interacting with the patient and checking on him or her by asking, throughout a nursing shift, was considered important for trust to be developed. Nevertheless, Jones (2012) stated that if a patient feels more like a bother, it will disturb the development of trust. (Jones 2012.)

In addition, according to a study that was executed in an intensive care unit, conducted by Wassenaar et al. (2015, 3233-44), creating physical safety is also an act that supports the development of trust; being associable to the care being available.

5.4 Nursing Competence

5.4.1 Nursing expertise

Nursing competence and expertise affect the development of trust between a nurse and a patient. The ability to provide skillful care, without the risk of harming the patient is necessary for the development of trust. (Holmberg et al. 2012, 705-12; Wassenaar et al. 2015, 3233-44.) In addition, if the care is skillfully applied, it may lead to satisfaction with the care which also affects the development of trust in a positive way (Benkert et al. 2008, 273-80). On the contrary, if the nurse does not meet the expectations of competence, it will most likely affect the trust negatively (Jones 2012).

5.4.2 Nurse's emotional and ethical competence

Showing sympathy also appears to be one of the key factors in the development of trust. A nurse demonstrating care and making a patient feel emotionally comfortable by talking to the patient personally and about non-health issues as well supports the development of trust. Talking is a way for the patient to become familiar with the nurse and feel comfortable. It is very unlikely to develop a trusting relationship with a patient, if the nurse does not talk with the patient. (Jones 2012.)

One of the factors affecting the development of trust between a nurse and a patient is honesty; Holmberg et al. (2012, 705-12) listed care based on honesty as one of the requirements for trust in nurses to occur among patients receiving homecare.

5.5 Attributes of Care Provider

5.5.1 Where and by whom care is provided

Holmberg et al. (2012, 705-12) indicated in their study that patients preferred to receive care from the same familiar nurses, rather than having multiple and therefore less familiar nurses providing the care. Patients expressed their wishes of nurses changing as seldom as possible. Thus, the familiarity of a nurse was linked to the trust between a nurse and a patient. (Holmberg et al. 2012, 705-12.) Another study, conducted by Kiernan, Finnegan & Farrell (2013, 35-41), also discussed the influence of familiarity on trust between a nurse and a patient. The study was conducted in a military setting and demonstrated how a military community mental health nurse was able to develop a trusting relationship with the crew members as the nurse had been living side-by-side with the crew; the time the nurse and the crew had been spending together, considering the challenging military circumstances, enabled the development of trust. (Kiernan et al. 2013, 35-41.)

Considering the care provider, according to a study conducted by Benkert et al. (2008, 273-80), which facility provides the care, matters as well. In the study, patients who were provided the care by the NMC (nurse-managed clinic), reported significantly higher levels of trust than those cared by the JMC (joint-managed clinic). The patients' trust or the lack of it towards the facility, whether the facility in question was the NMC or JMC, reflected to the hospital personnel and therefore to the development of trust between the nurses and the patients. (Benkert et al. 2008, 273-80.)

5.5.2 Race and cultural factors

Cultural factors such as race may also affect the process of developing trust. Race-concordant care providers may contribute to the development of trust by creating a stronger feeling of togetherness. (Benkert et al. 2008, 273-80.) Furthermore, a nurse speaking the native language of a patient is suggested to lead to a feeling of comfort and trust (Jones 2012). On the contrary, cultural mistrust may have a negative influence on trust (Benkert et al. 2008, 273-80).

6 Discussion

6.1 Analysis

Previous scientific research performed on the subject has established the significance of trust in a nurse-patient relationship and clarified different factors that affect the development of trust. The aim of this study was to gather existing evidence-based knowledge of factors affecting the development of trust between a nurse and a patient, and provide information related to the subject that could be applicable in nursing practice.

The executed analysis showed no conflicting findings compared to the previous research. However, some of the themes introduced in the background section of this study were missing from the articles selected for the analysis. The role of a patient's past experiences, expectations of the care and beliefs concerning the nurses in the development of trust (Dinc & Gastmans 2011, 223-237), did not emerge in the findings of this study. However, the importance of diverse forms of communication between a nurse and a patient were highlighted both in the Halldorsdottir's (2008, 643-52) synthesized theory of the dynamics of a nurse-patient relationship and in the findings of this study. In addition, the study findings support the validity of the antecedents of trust introduced by Leslie & Lonneman (2016, 38-42) as the significance of availability of care, nurse's attitude and approach and first impression emerged in the findings of this study.

All the articles listed various factors affecting the development of trust. The findings highlighted the significance of communication in every aspect and phase of nursing care. The articles were unanimous on the complexity of the study subject.

6.2 Implications to Nursing Practice

The findings show that although a great proportion of the factors affecting the development of trust can be influenced by nurses, some of the variables derive from factors outside of nurses' behavior and expertise. These factors often concern the organization providing the care (Benkert et al. (2008, 273-80) or matters related to the turnover of nurses (Holmberg et al. 2012, 705-12) which could be linked to the staffing conditions of health care personnel. It can be stated that a part of the development of trust could be influenced by administrative decisions that ensure the quality of the infrastructure, adequate staffing number and quality of the expertise of the health care personnel.

The great significance of communication can be detected in all the themes created based on the analyzed articles. Nurses should be aware of the impact their interaction with the patients has on the development of trust and be able to give communication the time and effort it requires. Although communication and interaction occur between nurses and patients, it is essential that nurses are given enough time and resources for the communication to take place. A relevant amount of time and resources should be ensured by the health care organizations and the jurisdiction behind them.

The basis for all the efforts striving for trust, including the motives to do so, should originate from the act of making sure that nurses understand the significance of trust and the influence trust may have on the outcomes of the treatment of the patients as well (Birkhäuer et al. 2017; Murray & McCrone 2015, 3-23). Because patients are vulnerable as they need to depend on the care provided, there is an imbalance of power in a nurse-patient relationship which nurses should also be aware of. Due to the imbalance of power, trust between a nurse and a patient is fragile. (Dinç & Gastmans 2011, 223-37.)

As Jones (2012) together with Benkert et al. (2008, 273-80) state in their studies, the culture and race of the nurse may affect the development of trust. Obviously, it is not always possible to arrange race concordant care providers. However, nurses should strive for understanding the culture of the patient and how it may affect the care. For nurses working in multicultural or multilingual settings, making the effort to become acquainted with a common language with a patient, could help the development of trust as well.

Satisfaction with care among patients is influenced by many different factors. Seeing patients as clients and implementing client-service mentality to the care, could be beneficial for the development of trust. (Benkert et al. 2008, 273-80; Chang et al. 2013.)

As trust appears to be a major influential factor in nurse-patient relationships, also considering care results, more research is needed to fully understand the diversity of factors influencing the development and continuity of trust and its benefits to health care.

7 Ethical Considerations

7.1 Ethics Within the Research Process

This study was conducted with respect towards the ethical principles of scientific research and other researchers together with their accomplishments among scientific research. It was executed by following the stages of conducting a literature review introduced by Smith & Noble (2016, 2-3).

As our research team had no previous experience of conducting a literature review, accuracy was one of the biggest ethical guidelines of this study, or a possible stumbling block. However, by carefully following the ethical guidelines and instructions, accuracy occurred and remained throughout the thesis process, enabling a valid outcome and accurate results. In addition, accuracy supported the honesty and integrity within the study.

7.2 Validity and Reliability

This study is part of the scientific research executed in the field of nursing science that aims to clarify the relation of trust and nursing. Trust, as indicated in this study, is a key concept within nursing and therefore, a valid study subject.

The research articles selected for this study were obtained from two databases: CINAHL (EBSCO) and Academic Search Elite. Both databases are available to any student of JAMK University of Applied Sciences and provide information that is reliable, scientific and peer reviewed. These two databases were chosen due to their reliability and accessibility. In addition, these two databases provided voluminous

results that were relevant to the study and offered answers for the research question. In order to further ensure the validity and reliability of the information used in this study, the search was executed focusing only on current articles, published between the years 2005 and 2017. Predetermined exclusion and inclusion criteria used for the search of relevant research articles from the databases are shown in *Table 1*. For its part, the criteria supported the reliability and validity of this study as well.

7.3 Limitations

The articles were obtained from two different databases which limits the material available for this study. Another limitation for the quantity of the material was the exclusion of chargeable research articles. The limitation of databases and exclusion of chargeable articles was inevitable as this study received no funding and was conducted by two students as their bachelor thesis. Therefore, many promising research articles had to be excluded from the final set of articles. The inexperience of the researchers of this study could be interpreted as a limitation as well.

The findings of this study were collected from a data set consisting of articles from different countries and cultures. Therefore, the findings are not limited to a certain ethnic or geographical group. However, articles written in English merely, were searched during the article search process.

This study was conducted to collect factors affecting the development of trust between a nurse and a patient. Although other health care professionals were ruled out of the data search process, the findings of this study can be perceived beneficial for any health care professional tending to create similar relationships with patients or clients as nurses do.

8 Conclusion

The findings suggest that there are many ways nurses may influence the development of trust among patients. Communication between a nurse and a patient enables a connection to form which supports the development of trust. In addition, a caring relationship between the two aids the trust to develop and may deepen it. Interacting with a patient in a positive, caring manner increases trust and builds upon simple things, such as greeting the patient and responding to the patient in a positive way.

Both perception of service quality and satisfaction with the care, have a positive influence on the development of trust. A patient's needs should be properly considered and carried out by a nurse. Therefore, in order to develop trust between a nurse and a patient, care should be available whenever the patient needs it. A nurse's skills, together with emotional and ethical competence, are important influential factors in the development of trust as well. In addition, familiarity of the care provider and cultural and racial issues may influence the development of trust. However, some influential factors are not dependent on the actions or qualities of the care provider; the matter of which facility provides the care may influence the trust a patient has in the health care personnel during his or her medical treatment.

The results show that trust is not gained through the status of the nursing profession only but requires true effort to be developed. Furthermore, much more research is needed to better understand the scope and complexity of the factors influencing the development of trust between a nurse and a patient. In addition, the benefits trust and trusting nurse-patient relationships offer nursing and care results and therefore, health care in general, should not be underrated.

9 List of References

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Table 2 Summary of the Selected Articles

No.	Author(s), Year, Country	Title	Aim(s) and Purpose	Participants, Sample size	Data collection and Analysis	Key results
1	Benkert, Peters, Tate, Dinardo; 2008; USA	Trust of nurse practitioners and physicians among African Americans with hypertension	To examine correlates of low-income African Americans' level of trust in healthcare providers; to describe the levels and correlations of trust, mistrust, and satisfaction; provider type and clinic type, relationship of patient and provider demographic factors.	145 low-income African Americans (51% women, 49% men; mean age = 49.4 years)	Cross-sectional study; chart audits were performed to collect clinical data. Analysis: -Pearson's product-moment correlation -independent sample t-tests or chi-square statistics -ANOVA -Bonferroni's post hoc analysis -SPSS (v.14)	Trust and satisfaction were moderately high. Cultural mistrust was in the moderate range. No significant differences in mistrust or satisfaction were noted by provider type. Trust was significantly higher for patients seen by NPs. Patients seen in the NMC reported significantly higher levels of trust than those seen in the JMC. Race concordance between provider and patient did not change these findings.
2	Berg, Danielson; 2007; Sweden	Patients' and nurses' experiences of the caring relationship in hospital: an aware striving for trust	To illuminate patients with long-term illness and nurses' experiences of the caring relationship, and to elucidate the meaning of the caring relationship.	7 patients (4 women, 3 men; age 51-75 years) and 6 registered nurses (all female; age 27-53 years).	Data was collected from 13 interviews. Interviews were analyzed using an interpretive phenomenological method.	The findings show that patients and nurses were aware in their striving for trust through forming a caring relationship. Their striving was not enough to result in trust. The findings in this study are understood as patients need a personal caring relationship which enables the possibility of trust.
3	Chang, Chen, Lan; 2013; Taiwan	Service quality, trust, and patient satisfaction in	The study aims at seeking to develop and design high-	After a questionnaire distribution, 285 valid	Cross-sectional design using a questionnaire survey of outpatients in	Perception of interpersonal-based medical service encounters positively influences

		interpersonal-based medical service encounters	quality medical service solutions, measures, training or public relation activities, etc., to improve the medical service quality and the patients' satisfaction with medical services.	copies were retrieved, with a response rate of 81.43 %.	seven medical centers in Taiwan; 350 questionnaires were distributed at randomly selected units in all medical centers. The SPSS 14.0 and AMOS 14.0, statistical software packages, were used for analysis.	service quality and patient satisfaction. Perception of service quality among patients positively influences their trust. Perception of trust among patients positively influences their satisfaction.
4	Holmberg M., Valmari G., Lundgren S.M. 2012. Sweden	Patients' experiences of homecare nursing: balancing the duality between obtaining care and to maintain dignity and self-determination	To describe patients' experiences and perceptions of receiving nursing care in their private homes.	21 patients with homecare nursing (11 female, 10 male; age 52-99 years).	Open-ended interviews; the data analysis, guided by general principals of interpretative description, was conducted in a systematic fashion through reflection, critical examination and informed questioning.	The results are described in terms of three main themes: to be a person, to have trust and to have self-esteem. Patients reported experiencing certain events that could pose threats to their dignity, integrity and autonomy, as well as to their trust in nursing care.
5	Jones; 2012; USA	The Development of Trust in the Nurse-Patient Relationship with Hospitalized Mexican American Patients	To focus on the process of how Mexican American hospitalized patients develop trust in the nurses providing care to them.	22 English-speaking Mexican American patients (16 females, 6 males; age 19-69 years), hospitalized at least two days on an obstetric or medical-surgical unit in a hospital in the Midwestern	Interview with a semi-structured interview guide; grounded theory method; data analyzed using constant comparison method.	Hispanic cultural values of personalismo (friendly relations) and familism impacted the development of trust and contributed to the findings in this study. Negative elements while interacting with the nurse, halted further development of trust. Establishment of trust for the hospitalized patient

				United States.		with the nurse was a cyclical process, beginning again with the nurse on the next shift.
6	Kiernan, Finnegan, Farrell; 2013; UK	Role of the military community mental health nurse	To understand the role and effect of a community mental health nurse (CMHN) deployed to work with military personnel during sea-based operations.	11 military unit commanders ; personnel from the medical, human resources, engineering and warfare departments .	Semi-structured interviews; framework analysis was used to meet set objectives of investigation.	Three mutually inclusive components are necessary to ensure successful integration of the CMHN: familiarity, trust and credibility.
7	Wassenaar, van den Boogaard, van der Hooft, Pickkers, Schoonhoven; 2015; The Netherlands	'Providing good and comfortable care by building a bond of trust': nurses views regarding their role in patients' perception of safety in the intensive care unit	To describe and understand intensive care unit (ICU) nurses' views regarding their role in ICU patients' perception of safety	13 participants were included in the study; ICU nurses who differed in gender, age, work and were employed in different IC units.	In-depth interviews with open-ended questions; grounded theory method; data collection and analysis were executed during an iterative process.	The core category, building a bond of trust to provide good and comfortable care, arose from four main categories: explaining and informing ICU patients, using patients' family bond, ICU nurses' attitudes and expertise, and creating physical safety.