Trustworthiness of Filipino Nurses in Selected Tertiary Hospitals: Inputs for the Development of Patient Trust Program

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Abstract

Trustworthiness is a belief that comes before trust. Thus, nurses have the special privilege to be trusted by their patients with their lives throughout the course of their medical treatment through the rendition of quality care. The study was conducted to determine the trustworthiness of Filipino nurses as assessed by their patients and by themselves, to elicit inputs for the development of a Patient Trust Program. It involved a total of two hundred sixty nine (269) respondents – one hundred thirty six (136) patient respondents and one hundred thirty three (133) Filipino nurse respondents. The respondents were chosen through purposive sampling technique from four subject hospitals. Two separate questionnaires, duly validated and reliability-tested, were utilized to gather the research data. Data were processed and statistically treated with statistical tools. Informed consent and other ethical considerations were addressed adequately through the institutional review boards. The study concluded that Filipino nurses are trustworthy based on the facets of trust and the developmental phases of the interpersonal relationship. Particularly, their trustworthiness does not differ based on the facets of trust (P= 0.69) and the developmental phases of the interpersonal relationship (P= 0.70). Thus, the Patient Trust Program was developed to further enhance and sustain the trustworthiness of Filipino nurses. It is a three-day program which is divided into three major parts, namely: "Perceiving the gap", "Terminating the barrier", and "Promoting the trust".

Keywords: Trust, Trustworthy, Trustworthiness, Filipino, Nurses, Patient, Patient Trust Program

Introduction

Trustworthiness is a belief that comes before trust. In order for a person to trust somebody, the later must first establish that he/she is trustworthy because trust is already an intention or willingness to depend on another party [1]. Trust, on the other hand, is an essential component in the development of the patient provides relationship and a critical element in the forming of a caring relationship between nurses and patients [2]. This trusting relationship is the fuel that allows nurses to create a viable plan of care without disregarding the therapeutic relationship they have developed.

Trustworthy healthcare providers displayed "caring interpersonal attributes" which included compassion, being truthful, being personable, and being a good listener. Subsequently, trustworthiness is related to unconditional kindness and reciprocity, thereby arriving to the assumption that trustworthy nurses were seen as caring to their patients [3,4]. Nurses establish relationships with patients by integrating the concept of respect, empathy, trust, genuineness, and confidentiality into their interaction [5, 6].

Taking all of these accounts into consideration, the researchers were inspired to dwell on the essential factors behind being a trustworthy Filipino nurse as assessed by their patients and by themselves. Through a descriptive-comparative, cross-sectional method, the researchers compared the assessment of patients and the Filipino nurses themselves on the trustworthiness of Filipino nurses guided by the Facets of Trust [7] and the Interpersonal Relationships Theory in Nursing [8,9,10], to be able to elicit inputs for the development of a patient trust program that would contribute to the Nursing profession.

Theory

Two theories were utilized in the study; these were the Facets of

Trust (Moran, 2004) and the Interpersonal Relationships Theory in Nursing [8,9,10]. Moran (2004) gave a clear and detailed explanation of the Facets of Trust, these are: benevolence, honesty, openness, reliability and competence [7]. On the other hand, Peplau (1952, 1988) underscored the existence of the developmental phases of interpersonal relationships, namely: orientation phase, identification phase, exploitation phase, resolution phase, and the termination phase [8,9].

Methods

Study Design

This study is descriptive-comparative, cross-sectional in nature because it made use of data or events that have been recorded and described to analyze and interpret the patient and Filipino nurses' assessments in a defined time. This method is described as the nature of the phenomenon under investigation after a rigid survey of current trends, practices, and conditions that relate to that phenomenon on the other hand, comparative studies examine the differences between intact groups on some dependent variable [11]. Moreover, cross-sectional studies is a type of research study, where either the entire population or a subset thereof is selected, and from these individuals, data are collected to help answer research questions of interest [12].

Sample strategy and size

The respondents of the study were chosen from selected tertiary hospitals in Metro Manila. The research utilized purposive sampling to select the respondents of the study. The patient respondents were chosen according to the following criteria: 1) Must be confined in the following areas of the hospital: In-patient Medical-Surgical ward, In-patient obstetrics and Gynecology ward, and Hemodialysis units, for at least one day; 2) Must be under the care of the Filipino nurse for at least 5 days; 3) Must not have incurred a medical condition that could alter his/her state of judgment; 4) Must be able to read and write.

The Filipino nurses were chosen based on the following criteria: 1) Must be assigned on the following areas of the hospital: In-patient Medical-Surgical ward, In-patient obstetrics and Gynecology ward, and Hemodialysis units; 2) Must have at least 6 months of experience in their assigned area; 3) Must have cared for the patient for at least 5 days. The actual number of patient respondents who participated in this study was one hundred thirty six (136) and the number of Filipino nurse respondents was one hundred thirty three (133), giving a total of two hundred sixty nine (269) respondents.

Tools and Techniques

The researchers developed and used two separate questionnaires based on the Facets of Trust [7] and the Interpersonal Relationships Theory in Nursing [8,9,10]. The first was intended for the patient respondents to accomplish and the second was intended for the Filipino nurse respondents to accomplish. The first and second questionnaires are both divided into two (2) sections. The first section includes the patient's and the Filipino nurse's profile, respectively while the second section both includes seventy five (75) questions divided based on the Facets of Trust [7] during the different Developmental Phases of the Interpersonal Relationship Theory in Nursing. The researchers conducted unstructured interviews to selected respondents in validating their answers in the questionnaire which were used to further the analysis of the results of the study.

The questionnaires were subjected to the validation of five (5) experts from the fields of Nursing and Psychology and Anthropology, it can also be noted that one of the experts was a patient. A pilot study was conducted among selected patients and Filipino nurses from the different subject hospitals to test the reliability of the questionnaire. After the collection of data, the questionnaire underwent Cronbach's alpha to measure how well a set of variables or items measures a single, one-dimensional latent construct through the expertise of a statistician. The reliability result of the questionnaire was 0.91. Consequently, the researchers ensured that the respondents included in the pilot testing were not included in the actual conduct of the study.

An Ethics Board approval and permission from the subject hospitals prior to commencement of any research activity was secured. Subsequently, it was ensured that full confidentiality and privacy of the respondents was established. Prior to the distribution of the questionnaires, the researchers explained the risks and benefits of their participation in the study. Moreover, the research respected the decision of the respondents in case they decide to withdraw their participation in the study. Figure 1 summarizes the data gathering procedure that the researchers followed. The following statistical tools

Figure 1: Data Gathering Procedure
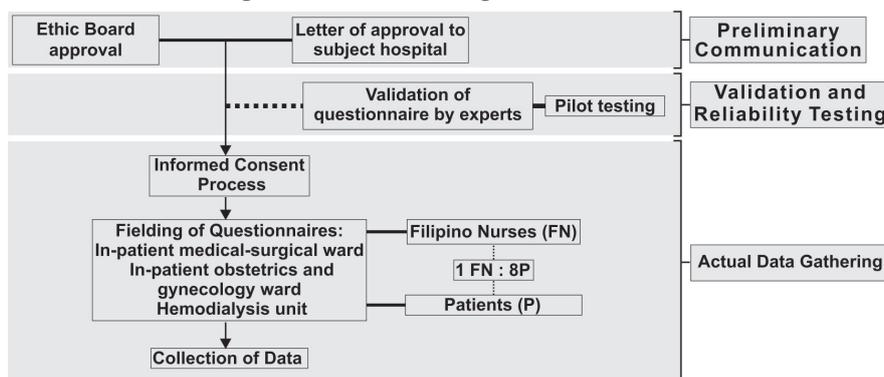
were used: frequency and percentage distribution, weighted mean, standard deviation, and t-Test.

Findings and Discussion

There were a total of one hundred thirty six (136) patient respondents and one hundred thirty three (133) Filipino nurse respondents in this study (Table 1). The highest respondents were between the ages of 26-35, with the highest amongst patients being 26.5% (36) and for Filipino nurses 44.4% (59), which yields to 35.3% of the total respondents.

There were more male patients respondents 5.75 (69) than females 49.3% (67). On the other hand, there were more female Filipino nurse respondents 53.4% (71) than males 46.6% (62). Overall, there were more female 51.3% (138) respondents in this study than males 48.7% (131) (Table 2) with a majority of patient respondents admitted in the medical-surgical ward of the participating hospitals 58.1% (79) (Table 3).

The verbal interpretation of patient respondents assessment of trustworthiness for Filipino nurses in all facets of trust revealed an overall mean value of 3.22 (Table 4). Reliability received the highest mean value of 3.25 for a verbal interpretation of trustworthy. On the other hand, openness got the lowest mean value of 3.17 but the verbal interpretation was still trustworthy.

Filipino nurse respondents assessment on their trustworthiness in all facets of trust garnered an overall mean value of 3.26 and verbal interpretation of trustworthy (Table 5). Benevolence received the highest mean value of 3.36 and verbal interpretation of trustworthy. On the other hand, openness got the lowest mean value of 3.11 but the verbal interpretation was still trustworthy. Davidhizar (2005) pointed out that the use of 'benevolent power in nursing care' is a preferred nursing care strategy [13]. It is contrasted with its maladaptive opposite, the malevolent use of power. It is also compared to forms of manipulation. Manipulation can rarely be a positive behavior; it has the potential, even when exercised wisely, to lead to a future malevolent exercise of power. Lack of recognition of power may result in the nurse avoiding the use of power in professional relationships. This is not beneficial to the client or the profession of nursing.

Table 6 shows the patient respondents' assessment on the trustworthiness of Filipino nurses based on the different facets of trust in terms of the developmental phases of the interpersonal relationship as a whole, which earned a general weighted mean value of 3.22 and a verbal interpretation of trustworthy. From among the phases of the developmental phases of the interpersonal relationship, the orientation phase received the highest mean value (3.28) from the facets of trust. This implies that the patient respondents have assessed Filipino nurses to be more trustworthy during the orientation phase among all of the other phases based on the facets of trust since the nurse is trying to gain the initial trust of the patient at this phase.

Table 7 shows the Filipino nurse respondents' assessment on their trustworthiness based on the different facets of trust in terms of the developmental phases of the interpersonal relationship as a whole, which received a general weighted mean value of 3.26 and a verbal interpretation of trustworthy. From among the phases of the developmental phases of the interpersonal relationship, the orientation phase received the highest mean value (3.36) from the facets of trust. This implies that the Filipino nurse respondents have assessed themselves to be more trustworthy during the initial interaction with their patients, thus allowing the other phases to succeed. This result in congruence to the assessment of the patients.

As described by Peplau (1952, 1988), the relationship formally begins during the orientation phase [8,9]. The nurse sets the tone for the relationship by greeting the patient properly. Often a handshake is an appropriate component of the introduction, but this will vary by cultural setting and acuity of the clinical situation. Patients are addressed by their formal names first and then asked what they prefer to be called. Establishing rapport might begin with talking about clinically relevant topics, such as health issues and concerns, or it may begin with more social discourse the weather, events, or surroundings. Patients begin interacting in their usual patterns, and nurses both direct and follow the patients' comments to establish rapport and trust. Nurses foster trust by being consistent in both their words and actions. This consistency conveys dependability and competence. The orientation phase is important in developing a foundation for the therapeutic relationship. Indeed, the orientation phase is the most inherent phase to crack the barrier between the Filipino nurse and the patient.

The differences in the assessment of the patient respondents and Filipino nurse respondents on the trustworthiness of Filipino nurses based on the facets of trust, yielded a an over-all Sig value of 0.69 thereby resulting to a no significant difference in the assessment of the respondents (Table 8). This seems to indicate that the assessment of the patient respondents and the Filipino nurse respondents support each other. In general, the patient respondents see the same as with the assessment of the Filipino nurses, thus making them trustworthy in all facets of trust. Mayer et al. (1995) included an expectation that in order for trust to commence, another party must perform a particular action [14]. One driver of that expectation is trustworthiness, as Lewis and Weigert (1985) noted: 'First, trust is based on a cognitive process which discriminates among persons and institutions that are trustworthy, distrusted, and unknown [15]. In this sense, we cognitively choose whom we will trust in which respects and under which circumstances, and we base the choice on what we take to be 'good reasons,' constituting evidence of trustworthiness. (p. 970)'. In the study, it can be inferred that the Filipino nurses are indeed trustworthy based on the facets of trust. Along with trustworthiness, nurses also voiced out that being honest is important in the nurse-patient relationship, mainly, for three reasons: 1) honesty is a

prerequisite for a good care, 2) dishonesty is always exposed in the end, and 3) nurses are expected to be honest [16]. Consequently, Sheldon (2009), Mok and Chiu (2004), explained that Nurses establish relationships with patients by integrating the concept of respect, empathy, trust, genuineness, and confidentiality into their interaction [5,6].

On the other hand, the differences in the assessment of the patient respondents and Filipino nurse respondents on the trustworthiness of Filipino nurses based on the developmental phases of the interpersonal relationship, with an over-all Sig value of 0.70 thereby resulting to a no significant difference in the assessment of the respondents (Table 9). This seems to indicate that the assessment of the patient respondents and the Filipino nurse respondents are in congruence with each other. Nurses continue to be ranked consistently as the most trusted voice among the healthcare professionals; nurses have earned this trust because of their loyalty and commitment to their patients [17]. Though nurses are rated as the most trusted

Figure 2: Patient Trust Program Logo

professionals, based on the study, Filipino nurses are regarded only as trustworthy, it can be noted that the highest assessment is 'highly trustworthy'.

The establishment of the nurse-patient relationship is a conscious commitment on the part of the nurse to care for a patient. It also symbolizes an agreement between the nurse and the patient to work together for the good of the patient. This process of working together encompasses the phases of the interpersonal relationship. While the nurse accepts primary responsibility for setting the structure and purpose of the relationship, the nurse uses the patient-centered approached to develop the relationship and meet the patient's needs. The nurse functions within professional, legal, ethical, and personal boundaries. The nurse also respects the uniqueness of each patient and strives to understand his or her response to changes in health. Nurses establish relationships with patients by integrating the concepts of respect, empathy, trust, genuineness, and confidentiality into their interactions [5]. Hence, the patient respondents and Filipino nurse respondents do not differ in their assessment of the trustworthiness of Filipino nurses based on the developmental phases of the interpersonal relationship.

In summary, the researchers have developed a Patient Trust Program (Table 10) based on the salient results of the study. The three-day program is further divided to three major thrusts, namely: "Perceiving the gap", "Terminating the barrier", and "Promoting the trust". The program aims to further strengthen and sustain the trustworthiness of Filipino nurses. The program logo symbolizes the encompassing quality care that Filipino nurses render to their patients. The color "blue" represents the trustworthiness of Filipino nurses as they embrace their commitment to provide high quality care. The color "green" symbolizes optimum health that each patient must achieve under the care of their Filipino nurse. The "heart" symbolizes the core value of the Nursing, caring.

Table 1
Frequency Distribution of the Respondents' Profile in Terms of Age

Age	Patients		Filipino Nurses		Total	
	f	%	f	%	f	%
18-25 years old	20	14.7	31	23.3	51	19.0
26-35 years old	36	26.5	59	44.4	95	35.3
36-45 years old	34	25	23	17.3	57	21.2
46-55 years old	19	14	12	9	31	11.5
56-65 years old	15	11	8	6	23	8.6
66 years old & above	12	8.8	0	0	12	4.5
Total	**136**	**100**	**133**	**100**	**269**	**100**

Table 2
Frequency Distribution of the Respondents' Profile in Terms of Gender

Gender	Patients		Filipino Nurses		Total	
	f	%	f	%	f	%
Male	69	50.7	62	46.6	131	48.7
Female	67	49.3	71	53.4	138	51.3
Total	**136**	**100**	**133**	**100**	**269**	**100**

Table 3
Frequency Distribution of the Respondents' Profile in Terms of Area of Confinement/Assignment

Area of Confinement	Patients		Filipino Nurses		Total	
	f	%	f	%	f	%
Medical-Surgical Ward	79	58.1	76	57.1	155	57.6
Obstetrics & Gynecology Ward	39	28.7	37	27.8	76	28.3
Hemodialysis Units	18	13.2	20	15	38	14.1
Total	**136**	**100**	**133**	**100**	**269**	**100**

Table 4
Summary of Values of the Patient Respondents' Assessment on the Trustworthiness of Filipino Nurses

Facets of Trust	Mean	SD	Verbal Interpretation
1. Benevolence	3.24	± 0.42	T
2. Honesty	3.21	± 0.37	T
3. Openness	3.17	± 0.41	T
4. Reliability	3.25	± 0.41	T
5. Competence	3.22	± 0.43	T
General Weighted Mean	**3.22**	**± 0.35**	**T**

Legend: 3.51-4.00 Strongly Agree/ Highly Trustworthy (HT);

2.51-3.50 Agree/ Trustworthy (T);

1.51-2.50 Disagree/ Untrustworthy (U);

1.00-1.50 Strongly Disagree/ Highly Untrustworthy (HU)

Table 5
Summary of Values of Filipino Nurse Respondents' Themselves on their Trustworthiness as a Whole

Facets of Trust	Mean	SD	Verbal Interpretation
1. Benevolence	3.36	± 0.41	T

2. Honesty	3.27	± 0.41	T
3. Openness	3.11	± 0.41	T
4. Reliability	3.29	± 0.45	T
5. Competence	3.27	± 0.45	T
General Weighted Mean	**3.26**	**± 0.37**	**T**

Legend: 3.51-4.00 Strongly Agree/ Highly Trustworthy (HT);
                2.51-3.50 Agree/ Trustworthy (T);
                1.51-2.50 Disagree/ Untrustworthy (U);
                1.00-1.50 Strongly Disagree/ Highly Untrustworthy (HU)

Table 6
Summary of Values of the Patient Respondents' Assessment on the Trustworthiness of Filipino Nurses Based on the Different Facets of Trust in Terms of the Developmental Phases of the Interpersonal Relationship as a Whole

Developmental Phases	Facets of Trust	Mean	SD	Verbal Interpretation
Orientation Phase	Benevolence	3.38	± 0.50	T
	Honesty	3.25	± 0.47	T
	Openness	3.30	± 0.53	T
	Reliability	3.28	± 0.57	T
	Competence	3.19	± 0.51	T
	Average	**3.28**	**± 0.36**	**T**
Identification Phase	Benevolence	3.27	± 0.57	T
	Honesty	3.22	± 0.51	T
	Openness	3.33	± 0.48	T
	Reliability	3.18	± 0.55	T
	Competence	3.15	± 0.53	T
	Average	**3.23**	**± 0.39**	**T**
Exploitation Phase	Benevolence	3.13	± 0.53	T
	Honesty	3.18	± 0.52	T
	Openness	3.18	± 0.54	T
	Reliability	3.19	± 0.52	T
	Competence	3.29	± 0.56	T
	Average	**3.19**	**± 0.38**	**T**
Resolution Phase	Benevolence	3.28	± 0.53	T
	Honesty	3.21	± 0.48	T
	Openness	3.10	± 0.50	T
	Reliability	3.36	± 0.54	T
	Competence	3.35	± 0.49	T
	Average	**3.26**	**± 0.38**	**T**

Termination Phase	Benevolence	3.10	± 0.54	T
	Honesty	3.19	± 0.52	T
	Openness	2.96	± 0.58	T
	Reliability	3.23	± 0.48	T
	Competence	3.12	± 0.61	T
	Average	**3.12**	**± 0.37**	**T**
Over-all		**3.22**	**± 0.35**	**T**

Legend: 3.51-4.00 Strongly Agree/ Highly Trustworthy (HT);
2.51-3.50 Agree/ Trustworthy (T);
1.51-2.50 Disagree/ Untrustworthy (U);
1.00-1.50 Strongly Disagree/ Highly Untrustworthy (HU)

Table 7
Summary of Values of the Filipino Nurse Respondents' Assessment on their Trustworthiness
Based on the Different Facets of Trust in Terms of the Developmental Phases of the Interpersonal Relationship as a Whole

Developmental Phases	Facets of Trust	Mean	SD	Verbal Interpretation
Orientation Phase	Benevolence	3.44	± 0.53	T
	Honesty	3.41	± 0.47	T
	Openness	3.34	± 0.53	T
	Reliability	3.30	± 0.53	T
	Competence	3.32	± 0.56	T
	Average	**3.36**	**± 0.41**	**T**
Identification Phase	Benevolence	3.43	± 0.49	T
	Honesty	3.24	± 0.51	T
	Openness	3.22	± 0.51	T
	Reliability	3.31	± 0.52	T
	Competence	3.25	± 0.47	T
	Average	**3.29**	**± 0.40**	**T**
Exploitation Phase	Benevolence	3.29	± 0.49	T
	Honesty	3.25	± 0.49	T
	Openness	3.20	± 0.51	T
	Reliability	3.32	± 0.56	T
	Competence	3.43	± 1.00	T
	Average	**3.30**	**± 0.43**	**T**
Resolution Phase	Benevolence	3.30	± 0.51	T
	Honesty	3.34	± 0.57	T
	Openness	3.21	± 0.55	T
	Reliability	3.32	± 0.55	T
	Competence	3.33	± 0.54	T
	Average	**3.30**	**± 0.41**	**T**

Termination Phase	Benevolence	3.34	± 0.52	T
	Honesty	3.10	± 0.54	T
	Openness	2.56	± 0.64	T
	Reliability	3.22	± 0.49	T
	Competence	3.03	± 0.51	T
	Average	**3.05**	**± 0.37**	**T**
Over-all		**3.26**	± 0.37	**T**

Legend: 3.51-4.00 Strongly Agree/ Highly Trustworthy (HT);
               2.51-3.50 Agree/ Trustworthy (T);
               1.51-2.50 Disagree/ Untrustworthy (U);
               1.00-1.50 Strongly Disagree/ Highly Untrustworthy (HU)

Table 8
Differences in the Assessment of Patient Respondents and Filipino Nurse
Respondents on the Trustworthiness of Filipino Nurses Based on the Different Facets of Trust

Facets of Trust	Respondents	Mean	SD	t-value	Sig	Decision on Ho	Verbal Interpretation
Benevolence	Patients	3.24	± 0.42	0.61	0.44	Accepted	NS
	Nurses	3.36	± 0.41				
Honesty	Patients	3.21	± 0.38	0.19	0.66	Accepted	NS
	Nurses	3.27	± 0.41				
Openness	Patients	3.17	± 3.17	0.13	0.72	Accepted	NS
	Nurses	3.11	± 3.11				
Reliability	Patients	3.25	± 3.25	0.45	0.5	Accepted	NS
	Nurses	3.29	± 3.29				
Competence	Patients	3.22	± 3.22	0.26	0.61	Accepted	NS
	Nurses	3.27	± 3.27				
Over-all	**Patients**	**3.22**	**± 3.22**	**0.16**	**0.69**	**Accepted**	**NS**
	Nurses	**3.26**	**± 3.26**				

α=0.05   Legend: Not Significant (NS)

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Table 9
Differences in the Assessment of Patient Respondents and Filipino Nurse Respondents on
the Trustworthiness of Filipino Nurses Based on
the Developmental Phases of the Interpersonal Relationship

Developmental Phases	Respondents	Mean	SD	t-value	Sig	Decision on Ho	Verbal Interpretation
Orientation Phase	Patients	3.28	± 0.36	0.96	0.33	Accepted	NS
	Nurses	3.36	± 0.41				
Identification Phase	Patients	3.23	± 0.30	0.03	0.87	Accepted	NS
	Nurses	3.29	± 0.40				
Exploitation Phase	Patients	3.19	± 0.38	0.47	0.50	Accepted	NS
	Nurses	3.30	± 0.43				
Resolution Phase	Patients	3.26	± 0.38	1.00	0.32	Accepted	NS
	Nurses	3.30	± 0.41				
Termination Phase	Patients	3.12	± 0.37	0.23	0.63	Accepted	NS
	Nurses	3.05	± 0.37				
Over-all	**Patients**	**3.22**	**± 0.35**	**0.15**	**0.70**	**Accepted**	**NS**
	Nurses	**3.26**	**± 0.37**				

$\alpha = 0.05$ Legend: Not Significant (NS)

Table 10
PATIENT TRUST PROGRAM (PTP)
("Perceiving the gap. Terminating the barrier. Promoting the trust")

Key Areas of Responsibility	Topics	Objectives	Activities	Resources	Evaluation
Personal and Professional Development Collaboration and Teamwork Safe and Quality Nursing Care	**Day 1 AM Introduction and Orientation** 1. Facets of Trust 2. Developmental Phases of the Interpersonal Relationship 3. Trust and Trustworthiness **"Patients' Trust Issues"** *(These statements received the lowest mean values)* Benevolence 1. *I feel that my nurse will eagerly instruct me about my follow-up care and referrals* 2. *My nurse usually pats me at my back or holds my hand to make me feel at ease*	At the end of the Patient Trust Program, the participants will be able to: (Cognitive) 1. Analyse the different Facets of Trust and the Developmental Phases of the Interpersonal Relationship 2. Appraise the salient characteristics of trust and trustworthiness. 3. Perceive the gaps between the specific trust issues experienced by patients and Filipino nurses.	Lecture and Interactive Discussion PowerPoint Presentation	Expert Resource Speakers Laptop LCD Projector	The participants were able to: (Cognitive) 1. Analyse the different Facets of Trust and the Developmental Phases of the Interpersonal Relationship *(Through the group sharing)* 2. Appraise the salient characteristics of trust and trustworthiness. *(Through the group sharing)* 3. Perceive the gaps between the specific trust issues experienced by patients and Filipino nurses. *(Integrated in the preparation for the*

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Safe and Quality Nursing Care	*during painful procedures like injections and intravenous fluid insertions.* 3. *My nurse encourages me to be strong throughout my confinement by inspiring me to help myself reach recover.*	4. Focus on the weaknesses of Filipino nurses in the Developmental Phases of the Interpersonal Relationship to eventually strengthen and develop it.			*role playing)* 4. Focus on the weaknesses of Filipino nurses in the Developmental Phases of the Interpersonal Relationship to eventually strengthen and develop it. *(Through group sharing and integrated in the preparation for the role playing)*
Safe and Quality Nursing Care	Honesty 1. *My nurse tells me the pros and cons of every medical treatment to aid me make relevant decisions.*	(Psychomotor) 5. Utilize the nursing process to be able to address patient trust issues.			(Psychomotor) 5. Utilize the nursing process to be able to address patient trust issues. *(Integrated in the role playing)*
Ethico-moral responsibilities	2. *I feel that my nurse will be true enough to exhibit signs of attachment towards me when I am discharged*	6. Integrate patients' trust issues and Filipino nurses' trust issues and compare which among are similar with each other.			6. Integrate patients' trust issues and Filipino nurses' trust issues and compare which among are similar with each other. *(Through the group sharing)*
Safe and Quality Nursing Care	3. *My nurse always returns to me on time, on the exact time he/she says.* Openness 1. *I feel that I can*				7. Synthesize personal

Ethico-moral responsibilities	*still have a personal connection to my nurse even after discharge.* 2. *My nurse is open to my comments and suggestions about the services of the hospital.*	7. Synthesize personal experiences in tearing down the barrier between patients and Filipino nurses' trust issues to gain further insights.			experiences in tearing down the barrier between patients and Filipino nurses' trust issues to gain further insights. *(Through the group sharing)*
Communication	3. *I feel that my nurse will give me his/her personal number so that I can text or call him/her if I need*	8. Participate in all of trust workshops to holistically develop their trustworthiness.			8. Participate in all of trust workshops to holistically develop their trustworthiness. *(Through the Trust Walk and Trust Fall)*
Communication	*further clarifications regarding my discharge instructions.* Reliability 1. *My nurse exhibits commitment to achieve the goals of my treatment.*	9. Create a poster that defines their current ideologies in promoting the trust of patients towards them. (Affective)			9. Create a poster that defines their current ideologies in promoting the trust of patients towards them. *(Though the Trust Poster)* (Affective)
Safe and Quality Nursing Care	2. *I can fully entrust my life to my nurse.* 3. *I feel that my nurse can influence the direction of my*	10. Manifest positive outlook towards patients' trust issues through sharing of experiences.			10. Manifest positive outlook towards patients' trust issues through sharing of experiences. *(Through the group sharing and integrated*

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	home care management once I am discharged.				*in the role playing)*
Safe and Quality Nursing Care Safe and Quality Nursing Care	Competence	11. Engage one's self in the interpersonal relationship among patients through role playing.			11. Engage one's self in the interpersonal relationship among patients *(Integrated in the role playing)*
	1. *My nurse can answer my questions about my medical condition confidently while he/she explains*				
Safe and Quality Nursing Care	*his/her nursing plan of care to me.*	12. Relate personal ideologies among co-Filipino nurses to enhance trust in the interpersonal relationship.			12. Relate personal ideologies among co-Filipino nurses to enhance trust in the interpersonal relationship. *(Through the group sharing and integrated in the preparation of role playing)*
	2. *My nurse explains the importance of informed consents or waivers I need to sign upon my admission to the unit.*				
Safe and Quality Nursing Care	3. *I trust my nurse more than any other member of the health care team in giving my future discharge instructions.*	13. Adapt in patient trust needs to be able to promote the trusting relationship.			13. Adapt in patient trust needs to be able to promote the trusting relationship. *(Through the group sharing and integrated in the preparation of role playing)*
Safe and Quality Nursing Care	**"Filipino nurses' Trust Issues"** *(These statements*				

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	received the lowest mean values)				
Safe and Quality Nursing Care	Benevolence 1. *I usually pat my patient's back or hold his/her hand to make him/her feel at ease during painful procedures.* 2. *I encourage my patient more when he/she feels that he/she could not still be independent at home*		Lecture and Interactive Discussion PowerPoint Presentation	Laptop LCD Projector	
Safe and Quality Nursing Care					
Safe and Quality Nursing Care	3. *I often ask my patient if he/she felt any side effects of the medications I gave* Honesty				
Ethico-moral responsibilities	1. *I will be true enough to exhibit signs of attachment towards my patient when he/she discharged.*				

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Ethico-moral responsibilities Safe and Quality Nursing Care Communication Communication	2. I feel that my patient will exhibit signs of attachment towards me when he/she is discharged. 3. I honestly give opinions about decisions my patient makes in his/her treatment modalities. Openness 1. I will give my personal number to my patient so that he/she can text or call me if he/she needs further clarifications regarding his/her discharge instructions. 2. I can also have open lines of communication to my patient's significant others after his/her				

	discharge.				
	3. *I can still have a personal connection to my patient even after his/her discharge.*				
Ethico-moral responsibilities	Reliability				
	1. *I can influence the direction of my patient's home care management once he/she is discharged.*				
Safe and Quality Nursing Care	2. *My patient fully entrusts her life to me.*				
Safe and Quality Nursing Care	3. *In case my patient will be confined again, I feel that he/she still choose me to care for him/her.*				
Safe and Quality Nursing Care					
	4. *I can be a perfect example of a dedicated nurse among my colleagues.*				
Personal and Professional Development	Competence				
	1. *I am trusted by my patient more*				

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Safe and Quality Nursing Care Safe and Quality Nursing Care Personal and Professional Development Safe and Quality Nursing Care	*than any other member of the health care team in giving my patient's future discharge instructions.* 2. *I can assist my patient develop self-reliance before he/she is discharged.* 3. *I can be an asset not only in the unit but to the hospital.* 4. *I select appropriate strategies to enhance the prevention of complications of my patient's current medical condition.*				
	Day 1 PM **Workshop 1:** **"Perceiving the Gap"** 1. **Opening up** *Have smalls group of 3 to 5 persons to share their own*			Interactive discussion Group sharing	Ample space for group sharing	

	experiences in the trust gap, and cite the methods they personally did to bridge the gap. *Pick one story and present to the audience.*				
Safe and Quality Nursing Care Ethico-moral responsibilities Personal and Professional Development	**Day 2 AM** **"Focusing the Developmental Phases And Facets of Trust in the Eyes of the Patients and Filipino nurses."** **"Developmental Phases of the Interpersonal Relationship: Where are Filipino nurses weak?"** **Orientation Phase** Patient: Honesty Filipino nurse: Reliability **Identification Phase** Patient: Competence Filipino nurse: Openness **Exploitation Phase** Patient: Benevolence Filipino nurse: Openness		Lecture and Interactive Discussion PowerPoint Presentation Group sharing	Laptop LCD Projector	

	Resolution Phase Patient: Openness Filipino nurse: Openness **Termination Phase** Patient: Openness Filipino nurse: Openness				
	Day 2 PM **Workshop 2:** **"Terminating the barrier"** 1. **Role playing** *In the same group as yesterday's,* *present a scenario where it was difficult for the patient to trust you and what did you do to be trustworthy?* 2. **Synthesis** *Facilitator will synthesize what has been presented.*		Role playing Interactive Discussion	Materials for role playing	
Safe and Quality Nursing Care Ethico-moral responsibilities	**Day 3 AM:** **Special trust issues of Patients and Filipino nurses** 1. Age 2. Gender		Lecture and Interactive Discussion	Laptop LCD Projector	

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Personal and Professional Development	3. Civil Status 4. Length of confinement 5. Years of experience 6. Type of hospital		PowerPoint Presentation		
	Day 3 PM **Workshop 3:** **"Promoting the trust"** 1. **Trust Walk** *Groups will be divided into three.* *Each group will be further divided into two. The first group (blindfolded) will transverse an obstacle course where the second group (not blindfolded) will guided them. First group to finish the obstacle course, wins* 2. **Trust Poster** *Groups are to make a poster to*		Group games Poster making	Obstacle course *Ample space* *Chairs* *Tables* *Ropes* *Flags*	

	imbibe all what they have learned during the Patient Trust Program and share it to the audience 3. **Trust Fall** *In a bigger group, a participant will be asked to have a semi free-fall* *where other participants will catch him/her* *through their arms.*			Drawing materials *Paper (Cartolina/Manila paper)* *Pencil* *Poster paints* *Oil pastels* Ample space Tables Chairs	

Conclusion

The study aimed to discover which among the Filipino traits would make the Filipino nurse truly trustworthy. As deemed by the patients they care for, Filipino nurses are trustworthy in terms of the Facets of Trust and the developmental phases of the interpersonal relationship. On the other hand, the Filipino nurses see the same as to their own trustworthiness. Future work must also be done in order to test the effectiveness of the Patient Trust Program in further alleviating the trustworthiness of Filipino nurses.

Limitations

The study is descriptive-comparative, cross-sectional in nature because it made use of data or events that have been recorded and described to analyze and interpret the patient and Filipino nurses' assessments in a defined time. This study only compared the assessment of patients and the Filipino nurses themselves on the trustworthiness of Filipino nurses guided by the Facets of Trust [7] and the Interpersonal Relationships Theory in Nursing [8,9,10]. Future studies may highlight other theories of nursing care. The study was also limited by the selection of respondents as stated in the sample strategy and size. The researchers also developed and made use of two separate questionnaires based on the Facets of Trust [7] and the Interpersonal Relationships Theory in Nursing only [8,9,10]. Other validated tools may also be used in order to yield similar results focused on trustworthiness. Furthermore, the study is limited only to the trustworthiness of Filipino nurses based on the Facets of Trust and the Developmental Phases of the Interpersonal Relationship Theory in Nursing.

Conflict of interest

No potential conflict of interest was reported by the authors.

References

1. McKnight DH, Cummings LL, Chervany NL. Initial Trust Formation in New Organizational Relationships. Acad Manage Rev. 2008;23(3):473–490.

2. Domian EW, Baggett KM, Carta JJ, Mitchell S, Larson E. Factors influencing mothers' abilities to engage in a comprehensive parenting intervention program. Public Health Nurs. 2010;27(5):399-407. doi: 10.1 1111j.1525-1446.201O.00872.x

3. Hupcey JE, Miller J. Community dwelling adults' perception of interpersonal trust vs. trust in health care providers. J Clin Nurs. 2006;15(9):1132-1139.

4. Ashraf N, Bohnet I, Pianko N. Decomposing Trust and Trustworthiness. Exp Econ. 2006;9:193-208.

5. Sheldon LK. Communications for Nurses: Talking with Patients. 2nd ed. Ontario: Jones and Barlett Publication; 2009.

6. Mok E, Chiu PC. Nurse–patient relationships in palliative care. Issues and Innovations in Nursing Practice. J Adv Nurs. 2004;48(5):475–483.

7. Moran MT. Trust Matters: Leadership for Successful Schools. 1st ed. San Francisco: Jossey-Bass; 2004.

8. Peplau HE. Interpersonal relations in Nursing. New York: Putnam; 1952.

9. Peplau HE. Peplau's theory of Interpersonal Relations. Nurs Sci Q. 1998;10(4):162-176.

10. Arnold E, Boggs K. Interpersonal Relationships: Professional Communication Skills for Nurses. 5th ed. Philadelphia: USA: Saunders Elseveir; 2007.

11. Nieswiadomy RM. Foundations of Nursing Research, 6th ed, South East Asia: Pearson Education; 2011.

12. Olsen C, George DMM. Cross-Sectional Study Design and Data Analysis. College Entrance Examination Board; 2004.

13. Davidhizar R. Benevolent power. J Pract Nurs. 2005;55(4):5-9.

14. Mayer RC, Davis JH, Schoorman FD. An Integrative Model of Organizational Trust. Acad Manage Rev. 1995;20(3):709-734.

15. Lewis JD, Weigert A. Trust as a social reality. Social Forces. 1985;63:967–985.

16. Laabs C. Perceptions of Moral Integrity: Contradictions in Need of Explanation. Nurs Ethics. 2011;18(3):431-440.

17. Butts, Janie B. Professional Codes of Ethics. Ethics in Professional Nursing Practice. Ellisville, MS: Jones & Barlett Learning; 2011.

18. Gallup. Gallup Poll: Honesty/ethics in professions. [cited 2015 Aug 25]; Available from: http://www.gallup.com/poll/1654/honesty-ethics-professions.aspx

19. Patricio N. Difference between working in a government and private hospital in the Philippines. [cited 2012 Jan 11]; Available from: http://www.nursetogether.com/Forums/aft/1397.aspx

20. Relos GS. A tribute to Filipino nurses all over the world. Asian Journal. [cited 2015 July 09]; Available from: http://asianjournal.com/editorial/a-tribute-to-filipino-nurses-all-over-the-world/