

# **The Case for Triadic Trust: Nurses, Patients, and Institutions**

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# Introduction

- Trust is a feature of nurse-patient-healthcare institution triads.
- The inclusion of institutions as a participant in trust explains how they create breakdowns of trust between nurses and patients.
- The model of triadic trust demonstrates a dilemma, the Dilemma of Professionalized Trust

# Talk Outline

1. Case Study
2. Case Analysis
3. Dyadic versus Triadic Models
4. Dilemma of Professionalized Trust

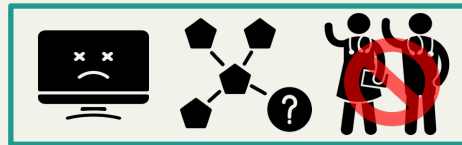
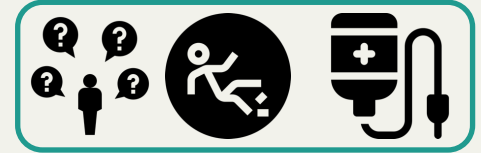
# Case Study



Sarah



Jane



# Case Analysis

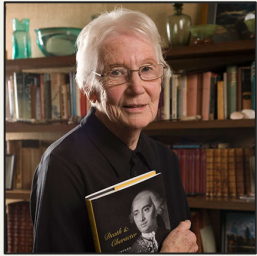
## Starting Questions to Ask:

1. What distinguishes trust from reliance?
2. Who is a participant in trust relationships?
3. What are the trust expectations, how were they set, and by whom?
4. What conditions influence participant's capacities to fulfill or betray trust?



Katherine Hawley; *Trust, Distrust, and Commitment*

To trust someone to do something is to believe she has a commitment to doing it, and to rely upon her to meet that commitment.



Annette Baier:  
Trust as goodwill or  
vulnerability to ill-will

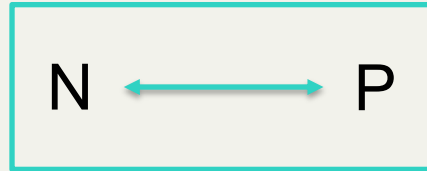


Thi Nguyen:  
Trust as an unquestioning  
attitude



Onora O'Neill:  
Trust as professionalism

# The Simplified Dyadic Model of Trust



# The Stacked Dyadic Model of Trust

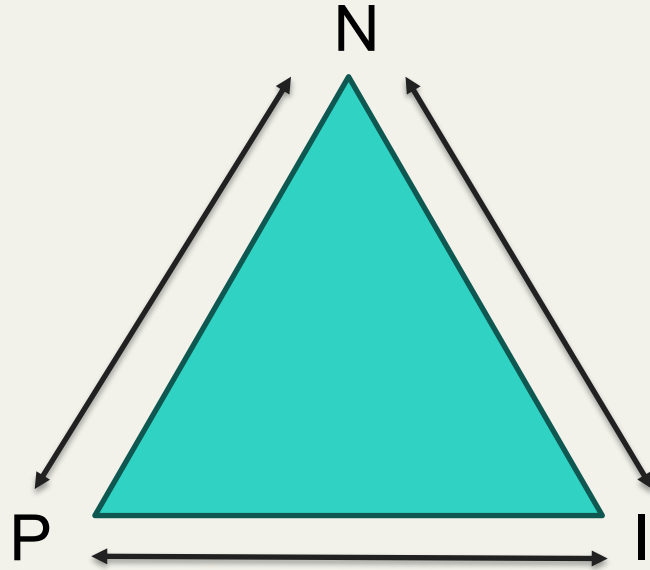
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N ↔ I

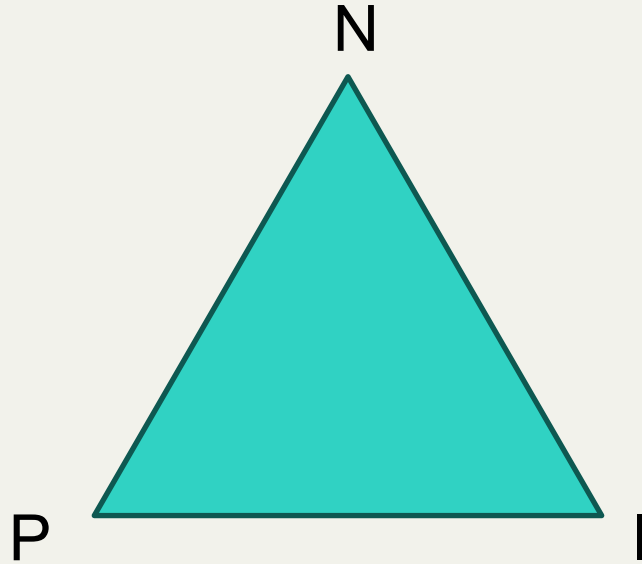
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# The Triadic Model of Trust



# Modeling Social Dynamics of Trust Relationships



# The Triadic Model of Trust's Analytic Strengths

1. Is a more sophisticated alternative model.
2. Is more sensitive to relevant contextual features of trust in institutional settings.
3. It can be used to better design (or improve upon existing) systems, practices, and norms of trust within institutions.
4. From the above three strengths the triadic model brings to the fore ethical features of trust relationships in nursing that have otherwise been obscured.

# Staff Nurses Identify Essentials of Magnetism 2

*Marlene Kramer and Claudia Schmalenberg*



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AACN STANDARDS FOR  
ESTABLISHING AND SUSTAINING  
HEALTHY WORK ENVIRONMENTS

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*A Journey to Excellence, 2<sup>nd</sup> edition*

EXECUTIVE SUMMARY

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# The “Essentials” of...

## Patient-Centered Care



Fast access to reliable health advice



Clear, comprehensible information and support for self-care



Effective treatment by trusted professionals



Involvement in decisions and respect for preferences



Continuity of care and smooth transitions



Emotional support, empathy, and respect



Involvement of, and support for, family and carers



Attention to physical and environmental needs

## High-Quality Nursing Care



Clinically competent nurses



Nurse manager support



Adequate staffing



Control over nursing practice



Good nurse-physician relationships



Support for education



Autonomous nursing practice



A culture that values concern for patients



- Nursing shortages
- Inconsistency between workload and time allocated
- High nurse-patient staffing ratios
- Overcrowded hospitals
- Poor ICU design



# The Dilemma of Professionalized Trust

**01** Healthcare systems set up trust expectations between nurses and patients.

**02** Healthcare systems also set up trust expectations between nurses and healthcare systems.

**03** These trust expectations are incommensurate with one another.

**04** The healthcare systems also create conditions that promote trust betrayal by diminishing nurses' capacities to fulfill trust.

**05** Therefore, healthcare systems set up trust relationships that are impossible for nurses to navigate

# Why Does this Matter?



**01**

**Provides a  
novel case of  
trust**

**02**

**Context rich  
nurse-patient-  
institution  
triads**

**03**

**Desiderata  
from the  
ground-up**

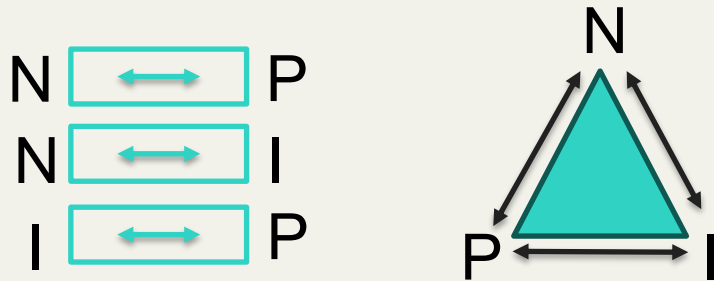
**04**

**Pragmatically  
useful for triad  
parties**





What the dyadic accounts of trust can't model, and what the triadic model can, is the *the emergent trust relationship between all three participants* of the nurse-patient-institution triad.



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