BUILDING WORKFORCE TRUST: LESSONS FROM COVID-19

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Executive Summary

Health care at its best reduces patients' suffering by providing care that is effective, compassionate, coordinated, and safe. During the tumult of COVID-19, caregivers have extended themselves to ensure that these values are intact, even while dealing with the stress, anxiety, fear, and financial pressures brought on by the pandemic. And patients and families recognize these efforts, as indicated by data confirming patients' trust in their caregivers, even when the care itself looks and feels different.[1]

To consistently deliver on the commitment to these values, the health care workforce must also have trust—in their colleagues, their leaders, and their organizations. This is critically important when care delivery is being actively redesigned, as it has been with COVID-19. Physicians, nurses, and other personnel must trust the organization's commitment to its mission, and they must also trust that everyone is doing all that they can to achieve that mission.

The building blocks of workforce trust are the focus of this report. They include the following elements:

- A circle of trust that encompasses all members of the workforce and leadership

- Empathy, authenticity, and logic in leadership's actions

- A commitment to high reliability in safety and other key aspects of quality, including patient experience

- A comprehensive data strategy that produces insights to drive performance

Trust is foundational to an organization's ability to reliably deliver safe, compassionate, and high-quality care. For this reason, workforce trust cannot be taken for granted, nor does it just happen. Building and sustaining it requires thoughtful preparation, prioritization, and investment of time and effort.

"When you enter a group effort, you trust the other people to contribute their share."

—Ronald S. Burt. *Brokerage and Closure: An Introduction to Social Capital*. New York: Oxford University Press, 2005.

Introduction:
Trust Before and During COVID-19

Trust is built on integrity and candor. An honest assessment in many organizations would lead to the conclusion that trust in the pre-COVID era fell far short of ideal. Data collected by Press Ganey engagement surveys showed marked variability in how the health care workforce felt about their organizations' commitment to quality, safety, and teamwork.[2]

Many of the factors that have eroded trust in recent years are attributable to the nature of 21st-century health care, a period in which remarkable progress has led to rising costs and, often, chaotic experiences for patients as well as caregivers. Levels of clinician burnout have been rising for decades due to administrative hassles, inefficient workflow processes, challenges with electronic medical records, increased productivity demands, staffing concerns, and perceived lack of appreciation. These "added" stresses have been layered on top of the

inherent stresses that come with caring for patients of increasing age and medical complexity, as well as rising rates of physical harm in health care settings from workplace violence and other physical risks such as back injuries and needlesticks.

The importance of trust in the workforce has been attracting increasing attention with the growing realization that relationships among personnel and their connection to the organizational mission are critical to improving performance of all types, including efficiency, safety, patient experience, and other types of quality. For example, Press Ganey data have consistently demonstrated strong correlations between patient experience and workforce experience.[3,4] Many organizations were just starting to achieve success in breaking down silos in their management of these issues when COVID-19 arrived.

During the first months of the pandemic, several types of experiences positively and negatively influenced trust in the workforce. On the one hand, at some organizations there was a loss of trust due to insufficient personal protective equipment (PPE) and testing supplies, overwhelming workloads, inexperienced staff being placed in difficult situations, and job insecurity. Also, staff discontent was sometimes amplified by social media. On the other hand, leaders at many organizations found ways to build trust among their workforces across several of the dimensions, as shown in Table 1.

Table 1

IMPACT OF COVID-19 ON WORKFORCE TRUST

Impact on Trust Due to:	Negative Impact	Positive Impact
Resources	Caregivers felt unsafe due to a real or perceived lack of resources, PPE, testing, and equipment during the pandemic.	Caregivers with sufficient PPE and other resources felt well-protected. In situations where PPE was lacking, caregivers felt supported when leaders communicated with transparency about the situation and when they were invited to help with problem-solving.
Compensation	The organization furloughed and/or cut compensation for a portion of the workforce, leading to increased job insecurity.	Employees remained employed without loss of salary or benefits. In the face of necessary cutbacks, organizations invited staff and employees to provide input on how to move forward (e.g., furloughs or pay cuts to preserve positions).
Staffing	Staffing shortages and/or redeployment of staff outside of their typical work environment created a sense of compromised safety.	Staff were supplemented by agency or redeployed caregivers. Redeployed staff were teamed with experienced caregivers.
Communication	Employees and medical staff perceived a disconnect between the communication from leaders and what happened at the bedside.	Reliable communication was seen as "a source of truth" and an opportunity for front-line caregivers to engage with leaders, ask questions, and influence change.
Transparency	A perceived lack of transparency about risks, protections, and work status diminished trust in leadership.	Transparency about institutional, citywide, statewide, and federal actions increased a sense of candor.
Burnout (Emotional Exhaustion/ Depersonalization)	Employees, medical staff, and leaders displayed signs of emotional exhaustion and depersonalization in their work.	The workforce was fully engaged, fired up, and ready to go, taking pride in being on the front lines.
Behavioral Health	Anxiety/depression/PTSD was not addressed or supported with resources.	Mental health needs were acknowledged and proactively addressed and supported without stigma.

ENGAGEMENT SURVEY DATA HAVE SHOWN MARKED VARIABILITY IN HEALTH CARE WORKFORCE PERCEPTIONS ABOUT ORGANIZATIONS' COMMITMENT TO QUALITY, SAFETY, AND TEAMWORK.

Understanding Workforce Needs

In early March, Press Ganey created a collaborative among clinical leaders at partner organizations to share experiences and best practices. For leaders at many organizations, a key success factor was recognizing that attention needed to be given to all the dimensions of trust noted in Table 1. Effective efforts on one or two dimensions would not be enough to establish and sustain workforce trust in the short and long terms.

Some of the collaborative participants described new command and communication strategies to deliver one source of truth and support bidirectional communication so that staff could share concerns. While resources were often scarce, the creativity that caregivers demonstrated to resolve challenges was remarkable. For example, organizations demonstrated agility in increasing ICU capacity, creating new staffing models with redeployed staff, and adopting new care models such as telemedicine.[5]

There was a strong sense among collaborative participants that the crisis was bringing out the best in individuals and the organizations themselves. An important aspiration became making those positive features permanent. However, there were also concerns that, once the crisis was over, the reasons for being at one's best would fade away. Financial stress might preempt efforts to organize care around patients' needs and support caregivers.

As a result, the pressure is now on organizations to **build and sustain trust as a cultural norm**. Key to this objective is the alignment of efforts with the organizational mission to reduce suffering and the development of a high reliability operating system to ensure the consistency of behaviors that influence trust.

What Is Trust?

Trust is sometimes described as confidence that one will be treated fairly in situations that have not yet been imagined. Trust requires more than being able to perform processes perfectly under ideal circumstances. It requires being highly reliable even when circumstances are extraordinary. That type of high reliability demands more than good intentions and hard work. It requires a culture that refuses to surrender its values when problems arise, learns from setbacks, and is ready to innovate and adapt.

For patients, this concept of trust means they can be confident their caregivers will do their very best to deliver optimal care no matter what unexpected circumstances arise. Similarly, for the workforce, trust in their organizations means they can be confident the organization will support them in delivering the best possible care, no matter what.

The implication is that to earn patient and workforce trust and achieve desired outcomes, **organizations must have structures and processes in place to sustain a resilient high reliability culture**. Leaders, clinicians, and staff must be able to rely on each other and leverage their knowledge, skills, and abilities to support optimal patient care. Operational processes must be in place to ensure consistency, and managers must focus on sustaining a positive work and practice environment.

Because health care requires both individuals and groups to reliably function at their best, multiple relationships must be cultivated to create a workforce "circle of trust," as shown in Figure 1. Such a culture requires both **strong human relationships and reliable operational processes** to deliver care within an integrated and holistic framework of excellence.

Figure 1

WORKFORCE CIRCLE OF TRUST
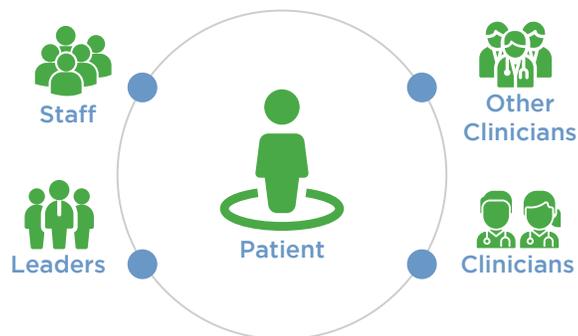
There have always been trusting relationships between some personnel in health care organizations, but these relationships have not been reliably present between all members of the team at all times. There inevitably has been variability and, thus, weak links in the chain. In addition, times of crisis can bring out the best in individuals and groups, but when the crisis is over, behaviors revert to baseline.

A truly strong workforce circle of trust requires the development of trust among *all* members of the workforce and leadership. It also requires operational processes that can support these relationships.
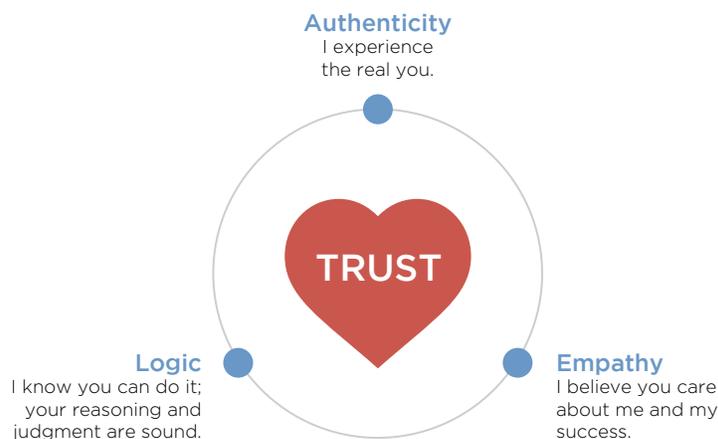
Building Trust

One useful model for trust in organizations identifies three key components: Authenticity, Empathy, and Logic[6] (Figure 2). Organizational research shows that workforces are more trusting when they understand their organization's motivations and believe they are Authentic. For this reason, health care leaders must have clear ideas of their most important values and convey those values in everything they do. This authenticity must then be supplemented by proof that leaders care about the workforce (Empathy) and that they have a rational and informed basis for their actions (Logic).

The trust-building practices described during Press Ganey's COVID-19 collaboratives are shown in Table 2, grouped into the categories of Authenticity, Empathy, and Logic.

Figure 2

Authenticity
I experience the real you.

TRUST

Logic
I know you can do it; your reasoning and judgment are sound.

Empathy
I believe you care about me and my success.

Adapted from "Begin with Trust" by Frances X. Frei and Anne Morriss, *Harvard Business Review*, May–June 2020.

Table 2

TRUST-BUILDING DURING INITIAL COVID-19 SURGE

Authenticity	• Visible leadership rounding • Asking how people are doing • Clear, concise communications • Transparency on metrics, planning

Empathy	• Hotels/dorms to house staff to prevent infection of family
	• Provision of scrubs/showers prior to leaving
	• Convenience services (e.g., food at work, grocery delivery)
	• Addressing hardships (e.g., sharing of PTO for furloughed staff)
	• Communicating successes (e.g., number of extubations, number of discharges)
	• Celebrating clinical success (e.g., songs for COVID-19 discharges)
	• Debriefs post-code
	• Code Lavender crisis intervention strategies to support health care workers
	• Community appreciation/media
	• Real and virtual kudo boards/positive comments
	• Virtual post-shift debriefs to support staff
	• Promoting resilience
	    • Oasis rooms
	    • Caregiver checklist to identify where support is needed
	    • Wellness buddy
	    • Psych/behavioral health professionals and chaplains
	    • Mental health rounding
	    • Drop-in counseling
	    • Town halls addressing stress
	    • Guided meditations
	    • Instituting/augmenting peer support
	    • Acknowledging likelihood of PTSD and proactively supporting

Logic	• Incident command structures/daily problem-solving
	• Visible planning for process, physical resources, and personnel resources
	    • Establishing COVID-19 units
	    • Sourcing PPE and ventilators
	    • Processes for conserving PPE
	    • Creating new staffing models
	    • Redeploying furloughed staff for new roles
	    • Leader succession planning in case of illness
	• Maintaining communication regarding metrics, capacity, and planning
	• Visible evidence of safety practices to protect staff
	• Streamlining work (e.g., anterooms to don/doff PPE to enhance efficiency)
	• Removing barriers (e.g., instituting telemedicine, IRB approval within hours)
	• Conducting pulse surveys to assess needs and supports for staff on the front line

The methods that have been used to build trust during the pandemic should be adapted for use at all times to help ensure that trust is embedded into the culture of the organization. Leaders should take the following steps toward that goal.

1. **Be authentic and acknowledge problems.** During the pandemic, there has been remarkable transparency with the workforce on issues such as ICU bed and PPE availability, as well as what is known and not known about COVID-19 itself. Building on that authenticity, organizations and leaders should be transparent about financial challenges and acknowledge that care delivery is not going to return to normal. But leaders should immediately remind the workforce that even if care delivery changes, it will always be grounded in safety for patients, families, and caregivers and focused on reducing their suffering.

2. **Exhibit empathy.** Health care organizations must demonstrate that they appreciate the sacrifices of the workforce, commit to listening to caregivers individually and collectively, and strive to anticipate needs. Showing empathy requires the ability not only to show compassion, but also to listen effectively so that caregivers can trust the organization understands their needs.

3. **Act with logic.** Workforce concerns about their own safety and the safety of their patients are at unprecedented levels. The work being done to ensure safety must be robust and ongoing, with clear communication and transparency. Leaders and organizations must display agility in responding to evolving issues and narrate the thinking behind their plans.

Reliability and Resilience as Norms for Leadership

Health care personnel want to work for resilient, highly reliable organizations. Highly reliable organizations are preoccupied with failure. Their leaders understand that processes and individuals are fallible and that opportunities for failure are magnified in complex and unprecedented situations. Error detection and prevention is necessary to improve reliability, particularly in the face of extreme challenges like those experienced with COVID-19.

A critical skill for leaders in detecting looming system failures is the ability to maintain a continuous connection to how caregivers are feeling and what they are thinking. This connection can be achieved through ongoing surveying and active rounding, both of which provide insight into how care is currently being delivered and how it can be improved. Through such listening, organizations defer to the expertise of the subject-matter experts on front-line care delivery: the front-line caregivers.

The relationship between trust and high reliability organizing principles is explained in Table 3. The first column lists the principles for high reliability that are proven to be effective for improving safety. The second column indicates the related trust characteristics. And the third column describes leadership actions that embody these high reliability principles and build trust.

Table 3

APPLYING HIGH RELIABILITY PRINCIPLES TO BUILD TRUST

Principle	Trust Characteristic	Leadership Action
Deference to expertise	Empathy	Show respect for others.
Preoccupation with failure	Authenticity	Show concern for staff/patient safety (physical and psychological).
Sensitivity to operations	Logic	Promote communication and front-line leader situational awareness.
Reluctance to simplify	Logic	Get at the deeper causes and solutions.
Commitment to resilience	Empathy	Develop systems and processes that can bounce back (or shut down) in the face of adversity.

The last of these principles, commitment to resilience, has been particularly important throughout the COVID-19 crisis and is likely to remain important in the years ahead. Resilience is a system property that enables an organization to absorb a shock and recover. In high reliability organizations (HROs), this ability to bounce back exists at the individual, team, and organizational levels.

Partnering to Build Trust in the Workforce

Earning and building trust requires more than good intentions. It requires shared goals and a high reliability operating system that includes an effective, comprehensive **data strategy** that produces **insights** which drive **performance**.

Data and Insights

An organizational data strategy enables health care leaders to translate large volumes of information into actionable insights to guide improvement efforts and continuously optimize performance to sustain gains. In an era when quality truly matters and the complexity of delivering care is increasing, a data strategy is as important to an organization as a financial strategy.

Data are particularly important to organizations undergoing change. Hence, suspending data collection because caregivers are under duress and care models are changing is akin to riding a bicycle on an unfamiliar path while wearing a blindfold. This is a time when feedback informs necessary corrections to evolving care models.

Additionally, there are positive cultural effects of continuous listening. Surveying patients and personnel is the equivalent of asking them: "What do you think?" It is an expression of empathy and a powerful way to demonstrate that leadership's commitment to organizational values is authentic and unwavering, which reinforces trust.

While a few organizations postponed engagement surveys during the COVID-19 crisis, many continued administering them. Some used a pulse engagement survey that was adapted to include COVID-related questions, some continued with their planned engagement surveys, and some had specific needs requiring customized solutions. In all three cases, the groups learned important information to help them course-correct.

For example, Tampa General Hospital fielded engagement pulse surveying for both employees and physicians, with questions focused on perceptions of teamwork, safety, leadership, communication, and joy and meaning in work. The data showed highly positive responses and significant improvements from baseline for both physicians and staff, with the greatest increases in perceptions of teamwork. Hospital leaders are building on these findings to sustain improvements realized over the past several months.

Multiple workforce data sources are relevant to building trust in the COVID-19 era. Feedback channels such as validated workforce engagement surveys, burnout and resilience surveys, and safety culture surveys help leaders understand how staff may be experiencing their work environment. Additionally, collecting race and ethnicity data provides valuable insight into the experiences of different segments of the workforce.

For increased agility and speed, pulse surveys as well as more comprehensive annual surveys help organizations understand the moods and concerns of caregivers, which ultimately builds trust in managers and senior leaders. During COVID-19, questions such as "Do you believe that senior management is doing all that it can to keep caregivers safe and meet patients' needs?" demonstrate that the organization respects caregivers and values their input.

Other mechanisms for gathering feedback can be used to cycle through critical issues, such as those that emerged during the pandemic. For example, leadership rounding tools create an element of real-time surveillance of performance across an organization (see Table 4).

Survey science is advancing in ways that allow organizations to obtain more information without increasing the effort required from respondents. The following examples from Press Ganey solutions provide insight into some of these capabilities.

- Continuous listening and action demonstrates workforce experience as an ongoing priority.

- Dynamic Surveying provides the opportunity to ask additional trust- and safety-specific questions, allowing organizations to focus on caregivers' perceptions of these key performance considerations.

- Expanded resilience surveys incorporate questions evaluating caregiver well-being as well as physical and psychological safety.

- Artificial intelligence/natural language processing analysis of comments provides valuable context for understanding quantitative survey responses, identifies issues that are not the direct focus of survey questions, and enhances the ability to develop actionable insights from caregiver feedback.

- Work from Home and Telemedicine surveys help organizations assess and monitor caregivers' trust and confidence in their skills and ability to perform when thrust into new environments.

- Flight risk analytics can be used to predict the likelihood of employee departure from the organization and provide insights into underlying causes. Post-crisis pulse surveys enable organizations to assess employees' perceptions around crisis response and identify improvement opportunities for crisis planning.

- The high reliability platform provides an outlet for staff to report their concerns at any time. This "always on" feedback channel extends the required reporting of workforce safety injuries. Encouraging caregivers to report concerns and responding to concerns shared through this channel demonstrates leaders' interest in cultivating trust. This is particularly important during crisis situations when care is being actively redesigned, so caregivers know where to go to share their concerns and feel confident that their perspectives are being considered.

Table 4

SURVEY QUESTIONS RELATED TO COVID-19

I understand the crisis policies, plans, and procedures that we have in place.
Senior leaders communicate information related to the crisis in an open and transparent way.
I have confidence in senior management's leadership.
Different work units work well together in this organization.
Where I work, employees and management work together to ensure the safest possible working conditions.
I understand what support resources are available to me during difficult times.
I get the support I need from the person I report to.
The work I do makes a real difference.
I feel free to raise workplace safety concerns.
There is effective teamwork between physicians and nurses at this hospital.

Driving Performance

As the COVID-19 pandemic has explicitly shown us, "performance" in the minds of patients and the health care workforce is not a one-dimensional concept, and it certainly is not defined by financial margins. Safety is absolutely critical to all individuals. Beyond the pursuit of zero harm, **performance must be based on an integrated perspective of what excellence entails: care that is effective, coordinated, efficient, and empathic**.

While this integrated perspective on performance puts considerable pressure on the health care workforce, Press Ganey's data demonstrate that personnel trust their organizations when leadership embraces these values. In short, the workforce wants to be part of an organization that is committed to safety and quality in all these dimensions.

In late 2019, Press Ganey announced its Safety 2025 initiative, inviting partner organizations to commit to a goal of zero harm and participate in a nationwide Patient Safety Organization, while also working to pursue high reliability in patient-centeredness and quality. The reason for "leading with safety" is that organizations need to commit to high reliability principles and a high reliability culture to drive performance across the board. By so doing, they earn patient and workforce trust.

Press Ganey's safety leaders have identified steps that leaders can take to increase reliability and make that increase more visible. Prescriptive recommendations on how leaders and all team members can build trust inform our HRO playbook. The Press Ganey HPI team has developed HRO Leadership Skills and Universal Relationship Skills that have demonstrated significant reductions in harm to patients and caregivers at numerous organizations that have implemented them.

HEALTH SYSTEMS THAT "LEAD WITH SAFETY" BY COMMITTING TO HIGH RELIABILITY ORGANIZING EARN PATIENT AND WORKFORCE TRUST.

These skills map to the Authenticity–Empathy–Logic model (Table 5). For example, making compassionate connections creates Empathy. Authenticity is reinforced by universal skills that show vulnerability and transparency. And Logic is strengthened through the use of huddles and learning boards, daily problem-solving, and real-time testing and simulation.

Table 5

HIGH RELIABILITY LEADERSHIP AND UNIVERSAL RELATIONSHIP SKILLS TO BUILD TRUST

Leadership Skills	
Message on Mission	• Start every meeting with a safety message • Support those who speak up • Put safety first in decision-making
Anticipate to Avoid Events	• Daily safety check-ins and tiered huddles
Lead Local Learning	• Learning boards with visual management • Daily problem- and cause-solving • Real-time simulation and testing
Reinforce and Build Accountability	• 5:1 feedback • 4 C's to influence • Fair and just culture
Universal Relationship Skills	
Make a Compassionate Connection	• Show positive intent • Practice 56-second connection • Be at eye level (eye-to-eye, heart-to-heart) • Introduce and explain role; manage up the team • Make the human connection • Build rapport through active listening • Demonstrate empathy with ESP (Empathize/Stop/Probe)
Invite Participation	• Provide opportunity to ask questions • Seek clarification and understanding • Shared decision-making
Communicate with Intentional Language	• Be authentic • Be transparent • Be vulnerable • Be clear • Avoid jargon
Follow Up and Follow Through	• Take action • 3 A's for recovery (Acknowledge/Apologize/Amend)
Ensure Effective Handoffs/ Transitions/Teamwork	• Coordinate care

Press Ganey's consulting services are available to help organizations embed HRO Leadership Skills and Universal Relationship Skills into the fabric of their cultures to enhance the safety, well-being, and resilience of the workforce and strengthen trust.

The team can also facilitate post-crisis After Action Reviews to evaluate organizational performance during the pandemic and identify improvement opportunities.

Conclusion

During this time of crisis and beyond, workforce trust is essential to the delivery of safe, compassionate, and high-quality care. Building trust requires a circle that encompasses many types of relationships: empathy, authenticity, and logic in actions from leaders; a high reliability operating system to drive the components; and data and insights to advance trust-building strategies.

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[1] Deirdre Mylod, "Insights from National Patterns in Patient Experience During the COVID-19 Crisis," *Industry Edge*, April 1, 2020, Press Ganey Associates LLC.

[2] "Health Care Workforce Special Report: The State of Engagement." 2019 white paper, Press Ganey Associates, Inc.

[3] "2017 Strategic Insights: Achieving Excellence." 2017 special report, Press Ganey Associates, Inc.

[4] "A Unified Approach to Driving Patient and Physician Loyalty." 2019 white paper, Press Ganey Associates, Inc.

[5] Jessica Dudley, MD, "Caregiver Collaborative: Supporting Clinician Well-Being During COVID-19," Press Ganey Associates LLC blog post, April 2, 2020.

[6] Frances X. Frei and Anne Morriss. May–June 2020. "Begin with Trust." *Harvard Business Review*.

Press Ganey pioneered the health care performance improvement movement 35 years ago. Today Press Ganey offers an integrated suite of solutions that enable enterprise transformation across the patient journey. Delivered through a cutting-edge digital platform built on a foundation of data security, Press Ganey solutions address safety, clinical excellence, patient experience, and workforce engagement. The company works with more than 41,000 health care facilities in its mission to reduce patient suffering and enhance caregiver resilience to improve the overall safety, quality, and experience of care.

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Insync and Press Ganey's patient experience solutions gather comprehensive patient feedback to understand preferences, prioritise opportunities to reduce suffering, and turn insights into action with best practices and expert support. Every client is benchmarked against the world's largest patient experience database, and Insync provides flexible survey options using psychometrically tested and validated survey tools.