Rebuilding staff trust

A healthy emotional bank account and eight pillars can facilitate the process.

By Rose O. Sherman, EdD, RN, NEA-BC, FAAN

RAY* *recently accepted the role of director in an emergency department (ED) that's been a COVID-19 hotspot throughout the pandemic. He's the third director in 4 years and was hired from outside the hospital. Ray has previous ED management experience but has found it hard to gain the trust of his new staff. Nurses are hostile and angry about the many changes in policies and practices their health system put in place as the science and understanding of the coronavirus evolved. They question the competence of their health system's leaders and are now upset about staffing shortages. Ray recognizes the fragility of his ED team and that rebuilding trust with them won't be easy.*

Ray isn't alone in his need to rebuild trust with staff after the challenges experienced during the pandemic. In a 2021 American Nurses Association survey of more than 22,000 nurses, 46% either disagreed or were neutral about whether their employer valued their mental health during the pandemic. For Ray, the staff's mistrust is related to rapid cycle change that's been further complicated by leadership turnover on the unit. Trust builds over time and when a leadership churn occurs, staff are less likely to believe that new leaders will be reliable and trustworthy. The loss of a leader who's stayed only a short time frequently is seen as a betrayal.

Ray understands that trust is foundational to effective teamwork. To successfully lead in the ED, the staff must trust him and each other. Cultures of mistrust are toxic and result in staff turnover, disengagement, and patient safety issues. Patrick Lencioni, a pioneer of the organizational health movement, describes an absence of trust as the key dysfunction seen with ineffective teams. When distrust exists, team members assume negative intentions about one another, don't provide team backup, and don't communicate with

Emotional bank account

Ray can make deposits into the emotional bank account with the emergency department staff by

- assuming good intentions about staff
- being transparent in his communication
- closing the loop on problems that are brought to his attention
- following up on communication requests
- getting to know his staff personally
- inquiring about the well-being of staff
- keeping commitments
- making sure his actions match his words
- managing performance problems
- seeking feedback about his performance
- staffing and scheduling fairly
- supporting the success of others
- taking a sincere interest in staff members' career goals
- thanking staff for the work they do.

Ray also must avoid behaviors that violate trust and cause withdrawals from the emotional bank account, including

- avoiding confronting conflict on the unit
- blaming others for things that go wrong
- demonstrating anger or emotional volatility
- espousing values he doesn't practice
- failing to get all sides of a story before taking action
- failing to hold staff accountable for professional behaviors
- gossiping about staff members
- holding grudges toward staff
- lacking integrity
- micromanaging the actions of others
- overlooking bullying behaviors
- overreacting to criticism
- showing favoritism
- using language that minimizes the severity of staffing shortages
- violating a staff member's confidence.

each other constructively. Steven Covey notes that a lack of trust makes everything harder and slows down work on teams. Low trust places a hidden "tax" on every transaction, every communication, every interaction, and every decision.

During the pandemic, nurse leaders have learned that trust isn't static. Instead, it's similar to a forest that grows over time but can easily burn down with acts of carelessness. Even high-functioning organizations have struggled with maintaining staff trust in this turbulent environment of surging patient volumes and staffing shortages. The complexity of the pandemic experience has caused policy missteps and communication failures that have eroded staff confidence in their leaders. Nurses want certainty and a level of control that leaders haven't always been able to provide. Trust can take a long time to cultivate, but it can be quickly eroded if staff perceive that leaders don't have the best interests of staff at heart. Ray can rebuild trust on the team, but it will be challenging and take intentionality.

Trust as an emotional bank account

Ray might consider thinking about trust as an emotional bank account. Leaders can either make deposits or withdrawals with their actions. When leaders make withdrawals, staff will wonder if something they value isn't safe with this person in this situation. Gallup research indicates that to have a high level of trust, leaders need to make six deposits for every withdrawal. (See *Emotional bank account*.)

When a withdrawal is made from the trust bank account, the key is to acknowledge it and apologize. Admit when you've made a withdrawal and commit to rebuilding lost trust. When you have a full emotional bank account, staff will forgive small breaches of trust. Ray's current challenge in the ED is that the emotional bank account is empty, so refilling it will take time and repeated deposits.

The trustworthy leader

To build trust, you must be seen as trustworthy. Ray is in the unfortunate situation of following leaders whose behavior eroded trust. Once nurses distrust their leaders, they frequently seek out confirming data to support

their opinions. Suspiciousness, fear, and defensive behaviors can be normalized in work cultures. Part of Ray's challenge is to activate the trust network with his team and deactivate the distrust network.

Using an evidence-based approach to rebuilding trust is essential. From his research, David Horsager identified eight pillars of trust that are key attributes of successful leaders. Ray needs to think through how he can demonstrate each of these pillars in his leadership.

1. **Clarity:** People trust the clear and mistrust the ambiguous. To provide clarity for the ED staff, Ray must be transparent in his communication. If policies or practices are subject to change, he needs to inform staff that any change is based on the best information he has at this time.

2. **Compassion:** People put faith in those who care beyond themselves. Ray is aware that the ED staff is fragile. He needs to use a trauma-informed leadership approach, recognizing that the team is on the frontlines of the sustained battle with COVID-19. Many may be traumatized, resulting in outsized negative emotions in response to change.

3. **Character:** People notice those who do what's right over what's easy. Ray will need to make hard choices in his leadership role and display character in how he comes to decisions.

4. **Competency:** People have confidence in those who stay fresh, relevant, and capable. Ray's biggest advantage in gaining trust is that he comes into his role with ED leadership experience. He needs to bring all of his expertise to the role while also engaging the experience of his team.

5. **Commitment:** People believe in those who stand with them through adversity. Ray's team has had a series of leaders who didn't stay in their roles. He needs to demonstrate, with actions that display permanence, that he's here to stay. For example, he should establish both short- and long-term goals.

6. **Connection:** People want to follow and be around friends. COVID-19 has been a huge disruption to team connections. Ray should assess what team rituals have been lost and work hard to restore them.

7. **Contribution:** People immediately respond to results. Ray should seek some quick wins in areas that have been problematic in this past.

8. **Consistency:** People love to see little things done consistently by the same leader. Ray should implement and schedule routine behaviors such as attending change of shift huddles, leadership rounding, and off-tour visits.

The currency of leadership

To rebuild trust in the ED, Ray will have to consistently demonstrate to staff that he has their interests in mind as well as those of the organization when he makes decisions and takes actions. The ED staff will need to believe that he's sincere and reliable in the commitments that he makes. Ray also needs to help staff feel psychologically safe in a very uncertain environment. This safety can be built through the pillars of trust and deposits to the emotional bank account. Above all, Ray must remember that trust, not money, is the currency of leadership. To rebuild relationships and retain staff, Ray needs to trust them and work to have them trust him. **AN**

Rose O. Sherman is an adjunct professor at the Marian K. Shaughnessy Nurse Leadership Academy, Case Western Reserve University in Cleveland, Ohio, and author of *The Nuts and Bolts of Nursing Leadership: Your Toolkit for Success* **and** *The Nurse Leader Coach: Become the Boss No One Wants to Leave.* **She also is an** *American Nurse Journal* **Nurse Influencer. You can read her blog at emergingrnleader.com.**

Name is fictitious.

References

American Nurses Foundation. Year one COVID 19 impact assessment survey. 2021. nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/year-one-covid-19-impact-assessment-survey/

Clifton J, Harter J. *It's the Manager: Moving from Boss to Coach.* New York, NY: Gallup; 2019.

Covey SR. *The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change.* New York, NY: Simon and Schuster; 2013.

Covey SR, Merrill RR. *The Speed of Trust: The One Thing that Changes Everything.* New York, NY: Simon and Schuster; 2008.

Feltman C. *The Thin Book of Trust.* 2nd ed. Bend, OR: Thin Book Publishing; 2021.

Horsager D. *The Trust Edge.* New York, NY: Simon and Schuster; 2012.

Lencioni P. *The Five Dysfunctions of a Team.* San Francisco, CA: Jossey-Bass; 2011.