What is Trust in Aging Services – And How Can You Earn It?

Developed by AAHSA for presentations by AAHSA members

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Public Trust

• Part I: What is trust in aging services for different constituencies?

• Part II: How can our organization earn public trust?
Part I:
What is trust in aging services?
Theory of trust

Three basic factors which correlate to trust:

- ABILITY
- BENEVOLENCE
- INTEGRITY
ABILITY

Ability refers to the group of skills, competencies and characteristics that enable an organization to have influence within a specific domain.
Ability in aging services organizations means:

- Staff is well-trained to take care of seniors’ physical, emotional and psychological needs.
- Physical facility is safe and has systems in place to cope with emergencies.
BENEVOLENCE

Benevolence is the extent to which a trustee (the aging-services organization in this case) is believed to want to do good to the trustor (the stakeholder – resident/client, family member, employee and community).
Benevolence means:

- Honorable intention, care and compassion for individuals.
- Treating people with respect, dignity and consideration.
- Being generous to residents/clients, employees and communities when they are in need.
Benevolence means:

• Leadership of the organization has the business acumen to run the operations in a credible manner.

• Organization is seen as financially responsible and capable of survival in the long-term.
INTEGRITY

Integrity is the trustor’s (resident/client, family member, employee and community) perception that the trustee (the organization) adheres to a set of principles (values) that the trustor finds acceptable.
Integrity involves:

• Ethical behavior on the part of leadership.
• Adherence to contracts.
• Treating all parties with fairness.
What trust means to specific stakeholder groups

Trust does not mean the same thing to all stakeholder groups; however, it usually conforms to one or more of the three elements of trust: ability, benevolence and integrity.
Residents/Clients

*Keeping promises:* If the leadership says they will institute a change, it is made and residents know about it.
Residents/Clients

**Providing input:** Residents/clients trust an organization and its leadership that genuinely wants to hear their opinions instead of giving “lip service” or being gratuitous.
Residents/Clients

Ways to show the organization appreciates input include:

• holding town meetings;
• conducting satisfaction surveys;
• having a ‘toll-free’ number for suggestions or complaints;
• an “open door” time every week or month.
Residents/Clients

Demonstrate competence: Share any of the following information with their residents/clients:

- state survey results;
- satisfaction survey results;
- accreditation achievements;
- community awards.
Residents/Clients

**Community outreach:** Residents/clients like to know their organization has meaningful connections and partnerships with the community at large.
Family Members

**Communication:** When the organization puts a two-way communication system in place, the family feels more trusting of the organization.
Small stuff: The family members feel that if the small stuff is taken care of, the big stuff is likely to be taken care of too.
Family Members

Responsiveness: When family members have questions or concerns, they are immediately addressed by someone in authority.
Employees

**Empowerment**: When leaders give employees the latitude to make decisions on the front-line, they feel trusted by management, and in turn are likely to trust management.
Employees

**Individualized consideration:** When employees feel that their supervisors know and respond to their individual needs, they will trust the organization.
Employees

*Ethical behavior:* When the leadership models ethical behavior, followers are more likely to trust them.
Community Members

Commitment to Community:
When mission-driven, not-for-profit organizations work to provide services to all community members, they earn the public’s trust.
Community Members

Exercising Leadership:
Organizations that are community leaders in advocacy, education and outreach about aging services earn the public’s trust.
Are these health care entities doing a good job?

Nurses 84%
Doctors 69%
Hospitals 64%
Pharmaceutical Companies 43%
**Nursing Homes 35%**
Health Insurance Companies 34%
HMOs 30%
Do nursing homes provide high-quality services?

- Yes: 46%
- No: 42%
- Don't know: 12%
Do nursing homes have enough staff?

Yes, 26%

No, 74%
Are nursing home staff well trained?

Yes, 40%

No, 60%
Are families of those in nursing homes involved enough?

Yes, 36%

No, 64%
Other interesting perceptions

- About six in 10 (63%) adults agree that there is not enough government regulation of the quality of nursing homes.
Other interesting perceptions

- Almost half (48%) say nursing homes are not paid enough by the government and other insurers.
- 57% say they would not know where to go for advice or information if a family member needed nursing care.
Part II: How to Earn Public Trust
A plan for earning public trust

Objectives

• What do we want to achieve?

Messages

• What do you want to say? Identify three things that your organization is proudest of.
Audiences

- Residents/Clients
- Families
- Employees
- Trustees/Board Members
- Policymakers
- Media
Tools and Tactics

• How will you say it?

• How will you communicate with each audience type?
Resources

• Who and what can provide help?

• What people and organizations can offer assistance?
Timing

• When will you start and finish your communications effort?

Evaluation

• How will you know if you have been successful?
What is the result?

- Satisfied consumers
- Interested employees
- Enthusiastic board members
- Knowledgeable members of the media
- Concerned policymakers
- Increased trust in your organization
Need help?

- Visit the AAHSA Web site, www.aahsa.org
- Click on “Resources.”
For more information

- AAHSA Quality First web site, www.aahsa.org/qualityfirst

- Bruce Rosenthal
  Vice President of AAHSA Quality First
  brosenthal@aahsa.org
  (202) 508-9499