

Grand Stewards of Trust in Health Care: Promoting Credibility

“Trust is the currency of relationships.”

—Andy Stanley



I recently served in the 89th Airlift Wing, an Air Force unit that supports the President of the United States and is most known for operating Air Force One. This exceptional team is made up of aviators, aircraft maintainers, security forces, communication specialists, weather forecasters, intelligence analysts, coordinators, airfield managers, cargo loaders and a host of other behind-the-scenes professionals. Together, they make the extraordinary seem routine. Each member of the 89th Airlift Wing has a unique set of experiences that is valued both individually and as the cohesive whole. They project America's strength and carry her stories. They give a persona to our national emblem of the eagle clutching the arrows and olive branch: strength and peace (hope). They accomplish their mission safely and effectively every day by leaning into a unifying principle that is literally stitched onto their patches and into the fabric of their lives: "Experto Crede," meaning, "Trust One Who Has Experience." Each team member's expertise and execution on their part of the mission make them credible.

In this five-part series, I have focused on how we in the health care community can be Grand Stewards of Trust. In [Part 1](#), we defined a Grand Steward of Trust as someone who is sought out by the vulnerable. Grand Stewards of Trust seek to understand, and they hold that responsibility in high regard. They create and protect the environment where someone is safe and free to be vulnerable and ask for help. Grand Stewards of Trust do not take advantage of others, when in their weakness and vulnerability, they demonstrate strength and trust by asking for help. In [Part 2](#), we reviewed empathetic intentionality—being present to those we

serve. Grand Stewards of Trust must: **Be Present, Promote Credibility and Demonstrate Incredible Hospitality.** In this installment, we will focus on promoting credibility.

Though known for Presidential protection, the US Secret Service was created in 1865 to guard against counterfeit currency. Anti-counterfeit protection continues to be one of its organizational pillars to this day and the agents trained in this discipline are experts in their craft. They employ an amazingly effective and efficient means of determining counterfeit currency. It is easy to conclude agents spend their time studying various ways in which a bill could be faked to keep up with counterfeit technology. It makes sense that they would study fake ink composition, various paper weights and inlays. However, instead of focusing on all the ways in which one could counterfeit currency, they become absolute experts on the real currency. These experts can dismiss focusing on counterfeit bills, not because they know all the tools and techniques in which one could falsify a bill, but because they are so in tune, so studied and so sure with the real thing that they can spot the fake a mile away. Their demonstrated expertise gives them real credibility. And that credibility fuels the trust that allows our economy to operate.

In the same manner, this is how our health care profession operates. Expertise matters. It's what struck my friend in the clinic waiting room. A few days ago, she sent me an email that captures the practical link between trust and credibility in health care. In part she said:

"I can't help but think about the long-term, TRUSTING relationship I have with my primary care doctor. It reminds me how blessed I am that she knows the very details of my medical history and has them at the click of a button if she doesn't recall them off-hand. Everyone is entitled an intimate relationship for one/many caregiver(s) to know their health, to have access to their medical history and ensure continuity in their care. My heart is heavy for those who have access to care, but not a trusting relationship with a caregiver, like I and many others are blessed to have in our lives. For those less fortunate to have access to a consistent caregiving experience, do they even WANT a consistent experience, or do they prefer to see someone new each encounter because they don't TRUST the last doctor they saw? Do they know what's possible in their health care?"

Trust is the currency of relationships, and credibility begets trust. As mentioned in my friend's email, she illustrates that much of the trust she feels is due to the fact that her primary caregiver, her Grand Steward of Trust, knows the details of her medical history. Credibility begins with an appreciation for listening, discerning and knowing. It is codified when we know that our caregivers have thirst for knowledge, understanding and empathy, not just diagnosis. Credibility is the foundation that allows one to tell the truth and debunk myths at their roots.

Credibility and trust are not just defined by what one knows. What we do with the information we are given also matters, especially when we become aware of new or better information. Changing one's mind or evolving on a position is often seen as indecisive or weak. Promoting



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credibility requires one to be open-minded and willing to change when new information is presented. A Grand Steward of Trust must analyze new information and challenge it critically. Whether it is a new piece of research or a patient's anecdotal statement, they must be willing to allow it to influence them as they weigh it in the balance.

Grand Stewards of Trust must acknowledge previous missteps and provide a clear plan to improve. They establish benchmarks through which they are held accountable. The old saying, "That which is done in the dark will come to light," should be seen as a declaration for freedom, not as a cautionary tale or threat. Credibility is a call to serve with honor. When Grand Stewards of Trust confess their mistakes, trust is reinforced, not eroded. There may be consequences for the misstep, but a foundation of trust and integrity still exists upon which a second chance can be built. Of course, fessing up is best when we bring it to the forefront ourselves, but this isn't always the case. Sometimes, we are unaware until the misstep is brought to our attention. However, in that moment of awareness, we must act, and act transparently and intentionally. We must be accountable to the grieved party and do the groundwork to establish benchmarks for improvement. But it can't stop there.

To promote credibility, we must also be consistent in our follow-up. We must do what we say we will do! Vulnerable communities have found themselves facing well-meaning academics, non-profits, health systems, churches, governments and other persons of goodwill who see them as a project and not a partner. Too often, after the data is collected, the caretaker's energy runs out, the commitments to follow-up vanish along with the ambassadors of goodwill. When promises made are not promises kept, credibility is tarnished, and trust is lost. Any new future goodwill seekers interacting with this tarnished-trust community will have a steep credibility hill to climb.

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We must keep our word. We must do what we say we will do. Consistently.

Trust is the currency of relationships, and credibility begets trust. We cannot operate effectively with a credibility deficit. We cannot operate at all with a bankrupted trust account. As Grand Stewards of Trust, we must **Promote Credibility**. Expertise matters. Acknowledging missteps and setting benchmarks for the way forward matters. Following-up matters. And doing what you say you will do matters. It matters to us as a community of professionals, but moreover, it matters to those whom with we are trying to steward trust in order to move our communities' health forward, together. Does your community view you and your work as credible? If not, what steps can you make right now to change their perceptions?

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