Building Authentic Leadership and Trust

They’re essential competencies for leaders now and in the future.

The COVID-19 pandemic has been a catalyst for innovation and collaboration. Throughout the pandemic, we identified seven phases that, in our experience, were improved through the core leadership competencies of trust and authenticity.

Employees tend to trust leaders when they feel they are interacting with the real leader (authenticity). When trust is lost, it often can be traced back to a breakdown in one of the core drivers. This article will focus on the importance trust and authenticity have played in leadership throughout seven phases of the pandemic and the value of using these tactics to assist leaders during challenging times in the future.

Phase 1: Fear
Fear can amplify weaknesses that exist in relationships. When our institute diagnosed its first COVID-19 patient, the unknown caused increased fear: Staff were afraid, they watched many patients die, and they certainly watched us as leaders and how we reacted to each new situation we encountered.

Staff wanted to trust the process, and trust leadership’s guidance, but when protocols changed often, it created more fear. Authenticity and transparency from leaders helped build trust during this chaotic and informative time. This meant leaders had to be vulnerable, empathic and honest—even when answers were unknown. The leadership team did this by focusing on validating concerns and listening not only with their ears but also with their brain, eyes and heart.

Phase 2: Innovation
Technology became a primary tactic for most organizations during the pandemic. Authentic leaders involve followers in decision-making and change and empower them to have a voice. The leadership team empowered staff, through multiple forums, to allow open communication and build trusting relationships. Town halls, weekly huddles and routine rounding were all ways that assisted with visibility and two-way communication. It was extremely important to ensure leaders were aligned when they were making innovative decisions and that, during each interaction, communication was consistent no matter who the leader was. It was also critical for leaders to encourage buy-in from front-line staff and explain the “why” behind decisions, which helped staff feel more like partners in decision-making and allowed them to better understand the importance of any changes taking place.

Phase 3: Acknowledgement and Recognition
As the journey continued through the pandemic, there was social support, public support and media support for front-line workers. Recognizing excellence in employees is beneficial in many ways; however, this pandemic has underscored that
recognition should be purposeful and meaningful if leaders want to build trust with staff members. In our experience, recognition seems to have its biggest impact on trust when it occurs quickly, when it's tangible or public, when it's personal, and when it is unexpected. Staff were—and are—seemingly grateful and more engaged when they feel valued. Individuals were celebrated in town halls, letters from the president, communications from the board, at manager meetings, and at scheduled and surprise award ceremonies.

**Phase 4: Anger and Frustration**
Eventually external support for frontline workers declined, frustration from lockdowns grew and workforces were reduced to manage future stability. This trend impacted the morale and the commitment of some frontline staff, making it a challenge to maintain an engaged workforce.

Throughout the organization, leaders had to help employees and frontline staff, who had just endured the most trying times of their career, understand the thinking behind extremely difficult decisions. When leaders made the message relatable and connected the dots for employees, it helped them navigate through complex information and assisted them with processing their feelings. For example, our leaders developed road maps that helped staff understand how their role could play a pivotal part in meeting the overall goals that were established.

**Phase 5: Apathy and Exhaustion**
By this phase, some areas of the country were experiencing a second wave of the pandemic and staff seemed defeated. It became increasingly more
difficult to collaborate with front-line teams. So how did leadership get them to become engaged?

Although the pandemic certainly presented many obstacles, it also helped identify opportunities and ultimately refocused leaders on the importance of the key competencies of authentic leadership and trust.

Listening sessions were scheduled with individual departments on a rotating basis. Leadership made this a priority, our staff showed up and our leaders listened. They were authentic and empathetic. The listening sessions had no formal agenda; they were designed solely for leaders to listen to staff and their concerns. The popularity of the sessions grew, and staff began to look forward to them. The sessions were a big commitment from the leadership team; however, the more routine they became, the more the staff were engaged. Two-way communication was reinstated, and a “we’re in this together” mentality was reborn.

Phase 6: Hope

Vaccines were the main focus during this phase. After months of frustration, sadness, anger and apathy, there was finally hope. But with hope also came more questions: Who will get the vaccine first? How long will the vaccine last? Will the vaccine be mandated?

One of the biggest challenges to building trust during this phase was transparency. Ethical considerations on the tiered approach of how vaccines were delivered (in order) made some staff feel highly valued, while other staff again felt defeated in the ranks. Staff that felt devalued became less engaged and more frustrated. Leaders again needed to demonstrate respect, create transparency, confront reality, listen first, and, probably most important in this phase, right wrongs (adapted from The 13 Behaviors of a High Trust Leader by Stephen M.R. Covey).

Leaders continued to infuse hope throughout the organization, and focusing on positivity became a priority. Leaders were able to begin to shift the culture to a hopeful atmosphere.

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by sharing positive outcomes and success stories of the many COVID-19 patients who received excellent care, modifying COVID-19 restrictions, as vaccinations were provided, to meet safety guidelines and return to a sense of "normal," and bringing the fun back through outdoor events such as celebrations and gatherings within state safety guidelines.

**Phase 7: Unknown**

Today we ask, what will be next? What long-term physical and mental effects will develop among our staff members related to COVID-19? It will be imperative for leaders to recognize these situations early and protect their staff through appropriate measures. To be truly empowering, leaders need to take stock of where their opportunities lie not only in relationships with others but also in the relationship with themselves. To improve on their ability to be relatable and connect with staff, it is important for leaders to seek feedback and ask others to help them identify blind spots. Leaders can do this through a formal peer review process, such as 360 evaluations. Having formal and informal avenues to receive feedback is helpful to understand areas for growth and opportunities to improve.

**Focus on the Future**

Although the pandemic certainly presented many obstacles, it also helped identify opportunities and ultimately refocused leaders on the importance of the key competencies of authentic leadership and trust. One could argue that the expectations during this time were unimaginable, unpredictable and, at times, unfair. However, this pandemic experience so far has shown how with effective planning and partnership between front-line staff and leadership, there is the potential to develop strong strategies for improvement in relationships and successful outcomes for the future. ▲

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