Trust in times of pandemics | Fact-sheets collection from the Portuguese COVID-19 pandemic Task Force on Behavioral Sciences

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Abstract

Trust is a multifactorial and dynamic interpersonal (and institutional) facet, highly sensitive to individual, social, political, and economic contexts. It is a crucial determinant for adherence to public health measures, especially when those measures are addressed to a large (or universal) group of citizens in scenarios of uncertainty, such as the COVID-19 pandemic scenario. Indeed, trust in public institutions, experts, and citizens is essential for effective cooperation and coordinated responses to pandemics. This paper discusses the concept of trust as a family of concepts, including trust, distrust, and mistrust. The importance of reciprocity in trust-based relationships is also highlighted, as a more long-lasting effective alternative to a “duty-to-trust” paternalistic and directive approach.

Keywords: Confidence in public health stakeholders, Public health adherence, Health communication, Science communication

Introduction

Etymologically, trust includes the dimensions of belief, expectation, predictability, security, probity, and reciprocity. These are the foundational basis of trust. Both horizontal (interpersonal) and vertical (in institutions) trust (Chan, 2021), have been identified as critical factors for the adoption of protective health behaviors (Bavel et al., 2020; Devine et al., 2021). Multifactorial and highly dynamic per nature, trust is sensitive to individual, social, political, and economic contexts.

Exceptional situations of great uncertainty such as pandemic phenomenon is a stress-testing for trust. However, even in those situations, no tabula rasa exists: at the beginning of a pandemics, there was a baseline trust capital, reinforced or diminished depending on the evolution of the situation, the extension, the external and internal dynamics of the pandemic, the implemented strategies and respective communication to citizens, and their effects.
In the CODIV-19 pandemic, studies about trust have focused on its potential effect in the degree of implementation of policies, in risk perceptions, in promoting adherence to public health measures, and, ultimately in its effect in preventing disease and avoiding mortality (Devine et al., 2021).

Trust is a necessary condition for cooperation, coordination, and social order, in the context of implementation of coercive measures by the State. During a pandemic like the one we are living (caused by a new, less well known, virus), trust plays a major role, namely (1) trust in experts, (2) trust in policy makers and authorities, and (3) trust in citizens (Cairney & Wellstead, 2020) (Table 1). In this context, trust emerges from the interconnection between these three elements, contributing to the design of policies based on evidence produced by the experts, which ultimately results in a more effective adherence to those policies. In fact, a low level of trust by policy makers has a pivotal effect in the quality and efficacy of the measures and policies implemented, in particular (1) when policy makers do not trust on experts, either because the former are not aware of the severity of the situation or do not consider experts’ recommendations in the process of policy design, and (2) when authorities do not trust in citizens, resulting in the imposition of highly restrictive social measures (Cairney & Wellstead, 2021).

The expansion of the concept of trust has been proposed as a tool to analyze the drivers, the associated attitudes, and the promoted behaviors by each type of trust. Specifically, trust is considered as a family of concepts that includes trust, distrust, and mistrust (Jennings et al., 2021) (Table 2). These three concepts are abstract expressions of different orientations that citizens might take towards political institutions. If a person does not trust on political institutions, in general, this is not equal to say that she will inevitably distrust the information provided by those political institutions. Indeed, lack of trust is not equivalent to not trusting on the government. Mistrust is similarly a distinctive orientation. Contrary to trust and distrust, which are based upon beliefs about the intention of the government, in mistrust there’s a propensity to evaluate the government according to its actions (attributing less relevance to their intentions). This conceptual expansion of trust has important implications in the management of the pandemic situation, namely in the type of intervention and public communication strategies that promote most effectively the required behavioral change for the pandemic control (Jennings et al., 2021).

Trust in public institutions is an important factor to the social compliance with the measures implemented and, therefore, for the adoption of health protective behaviors (Caplanova, Sivak, & Szakadatova, 2021). However, this trust depends largely on the capacity of institutions to communicate the universality, impartiality, and qualification of its procedures (Offe, 1999).

Table 1. Dynamics of trust according to Cairney & Wellstead (2021)

<table>
<thead>
<tr>
<th>Trust in</th>
<th>Individuals</th>
<th>Institutions</th>
<th>Societal needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence and advice</td>
<td>Policymakers trust in experts based on beliefs and previous exchanges</td>
<td>There are scientific rules to gather evidence and government rules on the use of advice</td>
<td>Evidence is considered as necessary for policy (reduce uncertainty and ambiguity)</td>
</tr>
<tr>
<td>Citizens</td>
<td>Policymakers trust in citizens based on beliefs and mass social behavior</td>
<td>Collaborative rules and social norms to foster collective action and trust-based policy</td>
<td>Balance trust-based and coercive policy as necessary for public health (reduce unpredictability)</td>
</tr>
<tr>
<td>Governments</td>
<td>Citizens trust in governments based on beliefs and track records</td>
<td>Political system rules to foster trust in policymakers and deter breaches</td>
<td>Trust in leaders as necessary for coherent action (reduce division)</td>
</tr>
</tbody>
</table>
«To trust in» implies an expectation of action. It is expected that public institutions guide their action in the best interests of all citizens. In addition to an expectation, there is also a predictability of action to be taken. Violating that trust has a devastating effect; trust in public institutions is therefore not only by the recognition of the mission and founding principles of institutions, but also by the assessment made on their success in achieving their stated goals. Therefore, it becomes evident that «to trust in» is a necessary but not a sufficient condition; to be «trustworthy» is also needed.

The non-recognition of this reciprocity (Chan, 2021; Harring, Jagers, & Löfgren, 2021) frequently leads to the assumption that citizens «must» rely tout court on the recommendations issued by the public institutions, disregarding that the same public institutions «must» trust in the capacity of citizens to translate recommendations into actions. At this level, there are some aspects that are usually not considered.

The first is that the assumed principle that citizens «should» trust falls within a duty-based ethics. If all citizens have the «duty» to trust, the focus is no longer on trust, but on the «obligation», which can be a moral, ethical, or legal obligation. «To have the obligation to» may be contested by different social groups, specifically those who shows antisocial profiles (Novette et al., 2021).

### Table 2. Types of political trust according to Jennings et al. (2021)

<table>
<thead>
<tr>
<th>Trust types</th>
<th>Orientation</th>
<th>Associated attitudes</th>
<th>Behavioral consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>Trust expressed towards the political system in its entirety or its components</td>
<td>Loyalty, commitment, confidence</td>
<td>Compliance, sympathetic judgement, participation</td>
</tr>
<tr>
<td>Distrust</td>
<td>Distrust expressed towards the political system in its entirety or its components</td>
<td>Collaborative rules and social norms to foster collective action and trust-based policy</td>
<td>Balance trust-based and coercive policy as necessary for public health (reduce unpredictability)</td>
</tr>
<tr>
<td>Mistrust</td>
<td>Political mistrust expressed through vigilance in judging components of the political system</td>
<td>Caution, watchful, questioning</td>
<td>Making effort to be informed, alert, on standby to act</td>
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The potential conflict between «individual well-being» and «collective well-being» is the second one (i.e., between individualism and altruism) and covers not only the rights, liberties, and freedoms, but also the social and economic interests. This is critical, because a pandemic situation implies necessarily the implementation of measures that addresses in first place a value that transcends the individual – the public health – which corresponds to a state of exception, encompassing the suspension of basic rights.

These circumstances create a social dilemma. Individual sacrifices are imposed for the benefit of a collective (e.g., isolation of infected or suspected persons be infected). According to the social dilemma theory, most people resist accepting such sacrifices, since the associated costs lay on the «I» and the benefits on the «others», to which there may be no relationship of proximity or familiarity.

However, there are several examples of situations in which cooperation is observed and people end up showing altruistic behaviors (Harring, Jagers, & Löfgren, 2021). In fact, in many situations, individuals are prepared to cooperate if others also cooperate (conditional cooperation). Dialogical communication was identified as one facilitator for the promotion of cooperation in situations of social dilemma (Jagers et al., 2020).

The third and final aspect is reciprocity. Studies often seek to measure the trust of citizens in public institutions, but few measure the trust of public institutions in citizens. Frequently, public institutions assume a paternalist position toward the citizens, which is reflected in the communication strategy that is most frequently adopted. But, as referred above, «to trust» is not the same as «to obey».
Online survey has been the election choice for studying trust. Furthermore, the measurement of trust has focused mainly on self-report (i.e., the self-perception of interpersonal and institutional trust). Only few studies have measured trust not only as a perception, but also as something that is associated to adopted behaviors. The acknowledgment of these limitations is important since they have impact on the quality of the evidence and, therefore, its interpretation and applicability.

**Relevant pieces of knowledge for public health action**

- In general, citizens trust and support the decisions made by public institutions that are perceived as trustworthy (Rudolph, 2009).
- Trust in public institutions largely depends on citizens’ prior experience with these institutions. Negative experiences have a stronger impact on citizens’ trust than positive experiences (Kampen, Walle, & Bouckaert, 2006; Chan, 2021).
- An effective, clear, consistent, timely, accurate and open communication strategy contributes to the promotion of reciprocal trust (Chan, 2021).
- Citizens’ perception of justice regarding the measures applied by public institutions is an important mediator of trust in these institutions (Jimenez & Iyer, 2016).
- According to the European Values Study (EVS), Portugal is one of the countries showing a lower level of interpersonal trust, along with countries such as Bulgaria, Serbia, and North Macedonia (Ramos & Magalhães, 2021).
- In the epidemic context, transparency and trust are two critical elements for the management of fear and uncertainty (Menon & Goh, 2005).
- High levels of government and interpersonal trust are associated to higher vaccination uptake, lower infection rate, and the adoption of health behaviors (Bollyky et al., 2022; COVID-19 National Preparedness Collaborators, 2022; Lenton, Boulton, & Scheffer, 2022; Thornton, 2022; Han et al., 2021).
- According to Flash Eurobarometer 494, 35% of Portuguese reported they would be keener to get vaccinated if there they feel that there is full clarity on how vaccines are being developed, tested, and authorized; 23% if recommended by the doctor (European Commission, 2021).
- Trust is one of the factors associated with greater COVID-19 vaccine hesitancy, namely the level of trust in the Government and health authorities, the level of trust in health professionals and the level of trust in the safety and efficacy of vaccines, as well as in the way vaccines were developed, tested, and authorized.
- According to Flash Eurobarometer 494, 58% of Portuguese respondents fully or partially agree with the idea of public authorities not being sufficiently transparent about COVID-19 vaccines (European Commission, 2021).
- According to Flash Eurobarometer 494, 71% of Portuguese respondents would trust health professionals (doctors, nurses, and pharmacists) as a reliable source of information on COVID-19 vaccines; 62% trust the authorities of health; 13% in the media; 2% in social networks (European Commission, 2021).
- There is no strong evidence that communicating uncertainty negatively affects public perception of and trust in science (Steijaert et al., 2021).
- The communication of uncertainty makes the scientist seen as someone more objective and less susceptible to bias, being perceived as someone transparent, having nothing to hide, and, therefore, reliable (Steijaert et al., 2021).
- In general, epidemic situations have a negative effect on trust and the longer the epidemics the greater the lower the trust (Zhang & Niu, 2021).
- Epidemic situations have no negative effect on public trust in science but reduce trust in scientists. This effect is greater in people with low level of scientific literacy (Eichengreen, Aksoy, & Saka, 2021).
- Risk perception and trust in science independently predict the adoption of preventive measures against COVID-19, while political ideology, religion, conspiracy ideation and intellectual curiosity do so via the mediating role of trust in science. Educational level has no significant effect on trust in science or other variables (Plohl & Musil, 2021), although some studies have noticed a negative effect on trust in institutions (Gozgor, 2021) (Figure 1).
Figure 1. Interconnects between sociopsychological indicators, risk perception, trust in science, and the adoption of preventive measures against COVID-19.

Call for action

- Public institutions, specifically health authorities and the government, must adopt an integrated and effective communication strategy (namely with the media), common to all actors, tailored for this exceptional situation of pandemic, based on the best scientific evidence available, and guided by the principles of transparency and reciprocal trust.
- Technical and political public discourse must be clear and consistent.
- Independence is crucial, which means that technical discourse must not be mixed with political discourse.
- Despite the explosion of «experts» in the public space, sometimes hampering the work of communication from health authorities, it is recommended that communication is focused on a reduced number of spokespersons, chosen by their communication skills, capable of creating a relationship of familiarity, proximity and trust with citizens and the media.
- It is also recommended that public institutions, namely health authorities, make available to citizens all the available information related to the pandemic. Considering that the current pandemic situation is dominated by uncertainty, the communication of this uncertainty by health authorities may effectively contribute to increasing the reliability of institutions and, therefore, of citizens' trust in these institutions.

Recommendations for the post-pandemic

- Considering that exceptional situations have a potential negative effect on trust and reliability, it is recommended to draft a post-pandemic repair/consolidation plan to restore citizens' trust in public institutions, namely in public health authorities and their agents. This plan may ensure a robust social response in the face of a possible future epidemic situation, as well as for the development of more effective interventions in other public health domains (for example, within the framework of existing and to-be-created public health programs).
- Considering that citizens’ personal experience with public institutions affects the trust the former has in the later, it is highly recommended to develop and implement (or improve, if it already exists) a quality assessment system that monitors and evaluates, systematically, citizens’ experience and satisfaction with services provided by public institutions. Citizens must be engaged and listened about their perceptions on the best ways to evaluate public services.
• Because reliability is an important factor for citizens’ trust in public institutions, it is highly recommended the implementation, in these institutions, of a leadership program and the development of communication and relational skills, aiming to increase the trustworthy of public institutions.

• Considering that Portugal stands out for its low levels of interpersonal trust, a broad reflection on this topic is highly recommended, involving the civil society.

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