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rooted in trust

infection prevention as a relational practice, not just a technical one

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Disclosures

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Reflection…

Think about a healthcare interaction that increased your trust.

What happened?

A familiar scenario…

A patient from a historically marginalized community is admitted with a communicable illness.

Appropriate isolation precautions are implemented.

Visitors are restricted.

Staff interactions become shorter.

Communication becomes increasingly task-focused.

The patient becomes withdrawn and disengaged.

Eventually, they decline recommended interventions.

Reflection…

What might have contributed?

Technical excellence does not automatically create trust

A different question…

Instead

"Why wasn't the patient compliant?"

Ask

"What was the patient experiencing?"

Trust lens shifts us…	
From:	To:
Judgment	Curiosity
Assumptions	Understanding
Compliance	Partnership
Blame	Learning

Curiosity is often the first step towards trust

"I don't like being isolated, but I understand why it's necessary"

Willingness to be vulnerable

Trust

"Can someone explain why the rules seem different depending on who I ask?"

Protective vigilance

Mistrust

"It feels like I'm being treated differently because of who I am, not because of the infection risk."

Withdrawal after harm

Distrust

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Trustworthiness

Proven alignment of words AND actions

Trust, mistrust, and distrust are not personality traits. They are often rational responses to lived experiences, relationships, and systems.

Why Distrust Matters

For some communities…

Historical and contemporary experiences may include:

- Racism
- Colonialism
- Stigma
- Discrimination
- Exclusion
- Inaccessible systems

Infection Prevention is Experienced

We implement:	
Isolation precautions	
PPE	
Screening procedures	
Visitor restrictions	
Outbreak measures	

Infection Prevention is Experienced

We implement:	Patients experience:
Isolation precautions	Safety
PPE	Distance
Screening procedures	Protection
Visitor restrictions	Stigma
Outbreak measures	Reassurance
	Exclusion

Policies are interpreted through lived experience.

Every Policy Has Two Outcomes

Technical Outcome
Did it reduce risk?

Trust Outcome
How was it experienced?

Every Policy Has Two Outcomes

Technical Outcome
Did it reduce risk?

Trust Outcome
How was it experienced?

Intervention	Technical Outcome	Trust Outcome
Isolation	Reduced transmission	Felt supported OR isolated
PPE	Protection	Felt reassured OR feared
Visitor restrictions	Reduced exposure	Felt protected OR abandoned

Effective infection prevention requires attention to both outcomes

Trust Is the Invisible Infrastructure

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Reflection…

Where do trust challenges show up most often in IPAC?

What Builds Trust?

Five Relational Practices

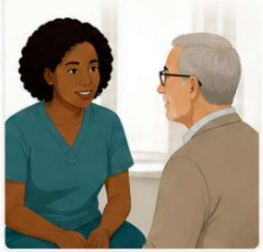
Trust is built in *moments*. It grows through our *actions*.

Transparency

We share information clearly and honestly.
We explain the why behind our decisions.

Humility

We listen more than we speak.
We acknowledge what we don't know.



Respect

We value people as individuals.
We treat everyone with dignity.

Reliability

We do what we say we will do.
We follow through consistently.

Inclusion

We invite diverse voices and perspectives.
We ensure everyone has a seat at the table.

These practices strengthen relationships.
Strong relationships **build trust.**

What Erodes Trust?

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Common Signals

Trust is rarely lost in a single moment.
Trust erosion is often cumulative.

Inconsistent communication

Mixed messages or frequent changes create confusion and uncertainty.

Lack of explanation

Not explaining the why leaves people feeling in the dark and undervalued.

Dismissed concerns

When concerns are minimized or ignored, people feel unseen and unheard.

Exclusion from decisions

When people are left out, they feel they don't belong and that decisions aren't for them.

Failure to acknowledge impact

Overlooking how decisions affect people undermines credibility and care.

Small signals. Big impact.
Protect trust by noticing, addressing, and repairing.

The Role of EDI Leaders

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Beyond Awareness

See unintended consequences
Identify trust risks
Surface marginalized perspectives
Improve policy design
Strengthen relationships

Trustworthy systems do not emerge accidentally.

Equity as a Design Strategy

Questions to Ask

- Who benefits?
- Who may be burdened?
- Who is missing?
- Who might experience this differently?

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Examples

- Language barriers
- Disability
- Cultural context
- Historical distrust
- Socioeconomic barriers

Inclusion must occur before implementation.

What Can Individual IPAC Members Do?

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4 Actions

1

Ask Better Questions

Who may be affected?

2

Humanize Technical Conversations

What will this feel like?

3

Surface Unintended Consequences

What trust risks exist?

4

Bring Stories Alongside Data

How is this being experienced?

Influence often begins with a question.

Discussion

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What trust-related question could you add to your next meeting?

What Can EDI Leaders Do?

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5 Areas of Influence

1. Participate early in policy development
2. Promote equity impact assessments
3. Build community partnerships
4. Improve communication strategies
5. Create trust feedback loops

Trust should be designed into systems, not added afterward.

Equity Impact Assessments

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Ask

Who could be disproportionately affected?
What barriers exist?
What assumptions are being made?
How might trust be strengthened?
How might trust be weakened?

Technical review alone is insufficient.

Community Partnership

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Trust cannot be build during a crisis

Potential Partners

Patient partners
Indigenous communities
Disability advocates
Newcomer organizations
Community leaders

Community engagement is infection prevention work.

Measuring What Matters

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Traditional Metrics

Infection rates
Compliance rates
Outbreaks

Potential Trust Metrics

Respect
Understanding
Inclusion
Psychological safety
Perceived fairness

What we measure influences what we improve.

Leadership and Influence

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The Influence Equation

Character

How we show up.

\+

Competence

What we know.

\+

Connection

How people experience us.

=

Culture

What gets reinforced.

KEY MESSAGE

Trustworthy leaders help create trustworthy systems.

Influence is not about position. | It's about impact. | Lead with character. | Grow competence. | Build connection. | Shape culture.

What Can Health Systems Do?

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Integrate Trust Into:

Training

Build trust skills, cultural humility, and equity competence.

Policy development

Embed equity and trust considerations in policies from the start.

Quality improvement

Use a trust lens to identify gaps, test changes, and learn together.

Patient experience initiatives

Partner with patients, families, and communities to co-design meaningful approaches.

Organizational metrics

Measure what matters—including trust, inclusion, respect, and belonging—and act on the results.

GOAL

Move from compliance to partnership.

COMPLIANCE
Rules-driven and transactional

PARTNERSHIP
Relationship-driven, collaborative, and trust-building

When trust is designed into systems, people feel safer, more respected, and more willing to engage—leading to better outcomes for all.

Stronger trust.
Better care. Healthier communities.

What Can IPAC Canada Do?

What would it look like if trust became a core IPAC outcome?

Future Vision

Trustworthy systems are safer systems.

Return to the Case…

What could have been done differently?

Better explanation
Earlier engagement
Acknowledgement of concerns
Family involvement
Relationship-building

Trust changes how policies are experienced.

Take-Home Messages

1. Every IPAC policy has a technical outcome and a trust outcome.
2. Trust, mistrust, and distrust shape how infection prevention is experienced.
3. EDI leaders play a critical role in identifying trust risks and opportunities.
4. Trustworthy infection prevention requires co-design, partnership, and inclusion.
5. Trust is not separate from safety.

Trust enables safety.

Closing Reflection

What is one action you will take in the next month to strengthen trust in infection prevention?

Infection prevention is not just about preventing transmission. It is about creating conditions where people feel safe enough to engage, participate, and trust.

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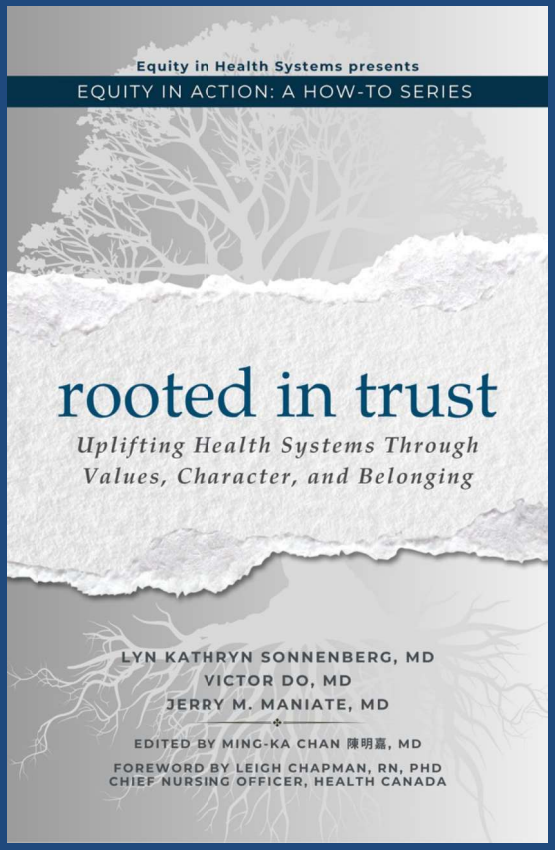
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