Professor Valerie Braithwaite on the importance of trust

Taking Care transcript

Ahpra acknowledges the Traditional Owners of Country throughout Australia and the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present and emerging.

Welcome to “Taking care” a podcast of Ahpra and the National Boards.

The conversation you are about to hear was recorded in late February 2020 before the COVID--19 pandemic descended on us. The focus is on trust and confidence in organisations, governments and employers. Our guest Professor Valerie Braithwaite reflects on what needs to and what detracts from trust. We consider the release of this podcast, a bit delayed now, but to be quite timely given the circumstances. Hope you enjoy the episode.

Susan Biggar: I’m Susan Biggar and today I am here with Professor Val Braithwaite – Val thank you for joining us.

Professor Valerie Braithwaite: Thank you so much Susan for having me.

Susan Biggar: Can you tell us a little about yourself?

Professor Valerie Braithwaite: I am a regulation scholar, I do research on regulation at the Australian National University. I come at regulation from a background in psychology. I was a Social Psychologist and I thought a lot of those principles of social psychology should be brought in to the regulatory area.

Susan Biggar: You have written widely on how governments and organisations can rebuild the trust of the public. That gives the impression that you think they may have lost it.

Professor Valerie Braithwaite: I think we do have some problems with trust and certainly a lot of research has shown across the western world that trust in government has been going down and that’s been happening for some time. That’s not a sudden event but I think there are reasons for doing that. I think there is a distancing that is occurring between government and people and particularly between regulators and people. People expect regulators to protect then and I think a lot of the time those expectations are not being met.

Susan Biggar: So, what does trust mean to people?

Professor Valerie Braithwaite: I think that when any new regulatory body is set up and Ahpra is actually a relatively new regulatory body, then everyone really runs for cover. Because regulation does intrude upon people’s freedom and our reaction is always keep your distance, we don’t want to get too involved with you. But Ahpra has done a marvellous job I think over its ten years in trying to build trust and build a sense of community. Because what everyone always fears with regulation is that they wont just interfere with the freedom of those who doing the wrong thing, they will also interfere with the freedom of those who are doing their best and doing really outstanding things.

Susan Biggar: What about trust on the other side, do you think there are other issues around trust of those regulated?

Professor Valerie Braithwaite: I think when any new regulatory body is set up and Ahpra is actually a relatively new regulatory body, then everyone really runs for cover. Because regulation does intrude upon people’s freedom and our reaction is always keep your distance, we don’t want to get too involved with you. But Ahpra has done a marvellous job I think over its ten years in trying to build trust and build a sense of community. Because what everyone always fears with regulation is that they wont just interfere with the freedom of those who doing the wrong thing, they will also interfere with the freedom of those who are doing their best and doing really outstanding things.
Professor Valerie Braithwaite: Trust, whether it's between an organisation and government or between two organisations or between people is much the same. It's about being reliable and dependable, it's about being competent and able to deliver what you promised to deliver, but it's also about listening and being respectful and understanding the position of the other. And that's important for trust because we can't always do exactly what we say we will do for someone else. We might have to take a step sideways and if we don't know them and we don't understand their needs that step is going to be one that could potentially harm them and then definitely destroy the trust relationship that we have. So, trust is a multifaceted concept, but I think it doesn't matter what level we are talking about, they are the essential ingredients of trust, to meet expectations and to help rather than harm.

Susan Biggar: How do organisations know when they are trusted by the public?

Professor Valerie Braithwaite: Well these days they usually give out surveys to their stakeholders, that's the usual way, but I think there are other signs of trust. I think a sign of trust is when you are given confidential information that could be damaging to someone, that is a sign that you are being considered trustworthy enough to hold that information and not cause trouble. I actually think that when people complain a lot, that is almost a sign of trust, in this sense that they think it is worthwhile to lodge a complaint with you, they expect you to do something about it and they certainly don't expect to be harmed themselves. So, that may not be an intimate trust relationship but it is a relationship that satisfies those basic criteria of trust of expectations and not doing harm.

Susan Biggar: I wonder if you can give us some examples of what a trustworthy organisation looks like?

Professor Valerie Braithwaite: I would describe a trustworthy organisation as one that has transparency and that is open, that will admit when it makes mistakes and be very conscientious about correcting those mistakes. I think an apology is a sign of a trustworthy organisation. I think branding and spin undermines trust. That is not to say that there isn’t a place for advertising and education through advertising, but I think these days people are fairly cynical about brands and advertising that sets expectations that are way above what anyone would consider reasonable.

Susan Biggar: And what about if we move into thinking about trust and confidence specifically in regulation?

Professor Valerie Braithwaite: It's a complex issue because let me say first of all, we don’t want a situation where the regulator and those they are regulating are sitting down doing deals with each other. We call that capture in regulatory speak and of course enormous harm can be done to the public, so I guess it’s rather close to corruption isn’t it? That's not what we are meaning when we are talking about a regulator having a trusting and trustworthy relationship with those they regulate. But in order to influence people we have to respect people, we have to listen to people, and regulation more than anything else is about influencing people, influencing behaviour, influencing understanding. So much of a regulatory task, if you are steering the flow of events in a new direction, is making people aware of what is happening, give them confidence, motivate them to make the change because often it is inconvenient, and then making sure they have the pathways to achieving that change. Now that is quite a complex thing. I might add, that that is exactly what health professionals do whenever they have a client or a patient come to see them. So really the regulator’s job is very much like the health professional’s job in that sense that they are trying to steer the majority in a particular direction. Now we mustn’t forget that there are those who are seriously breaking the rules and doing harm, the treatment of that group is quite different from the treatment of those who need a little bit of help to get on the right side of the regulations [xx] put it that way.

Susan Biggar: So, it sounds like the regulators, you’re saying they also have some choices about where they place their emphasis. Do they place their emphasis on the majority or on that minority that are behaving poorly?

Professor Valerie Braithwaite: That is something that they are balancing all the time, and it’s not static and its can’t be static, particularly if you introduce a new scheme. For instance if you have a scheme where there is a lot of money to be had from the Federal Government, that is a time when you look for instances of abuse of that money, of scams, of people pretending to be accredited professionals when they are not because the pots of money are calling. So in that situation you might be very much on your guard about preventing harm but at the same time you have got to be holding everyone in there with the new scheme, with new workloads, with new paperwork to do, helping them deal with the new circumstances they face. So, you are really doing two things, you are helping and supporting but also monitoring those that are
willing to co-operate with you but also taking action to prevent harm from those who have said ‘stay at arm’s length, I don’t want to have anything to do with you’.

Susan Biggar: So if we say that regulators in our case may have two separate communities that they are trying to build trust with, a kind of trust with those that they regulate as we have talked about, not capture but trust and confidence. And then there is also the public or patients who in the case of Ahpra, who we are here to serve and protect. I wonder if you have any thoughts about how regulators could work with communities and the public to build their trust?

Professor Valerie Braithwaite: It’s an interesting situation isn’t it, where you have a regulator who is having most contact with an organisation or a group of professionals but really your whole purpose and being is to care and protect the public. So it is a challenge and I think it’s a context where good stories really help, but I also think that regulators these days don’t have the resources to do all the work that needs to be done and they need to bring the community in to solve the little problems. They are never little to the people experiencing them, but so often we find ourselves very distressed and making complaints about things that haven’t gone wrong but there have been many causes, sometimes we can be so unlucky that someone hasn’t caught the ball because health care is complex. In those sorts of situations I think conflict resolution, discussion at the community level is really important and I think the community can be involved in that and I even think they can lead some of those discussions. Because what is critical for trust is that when people are distressed and upset there is someone to talk to immediately, they have someone to talk them through the options. Sometimes we just need someone to listen to us in that situation. For an organisation like Ahpra, they can do a little bit of that but they are limited and they certainly can’t do very much when we are talking about a community that is in the centre of Australia for instance. So I think there is much more, not only Ahpra but every regulator can do to use community to steer the flow of events in a more productive direction. It doesn’t mean there won’t be court action or serious consequences but most cases actually can be settled through discussion, cups of coffee and peer to peer regulation, remembering that regulation is simply being a check on each other.

Susan Biggar: It’s a continuum.

Professor Valerie Braithwaite: It is.

Susan Biggar: And back to the idea of practitioners, we know that regulators effectively intrude on the lives of those that they regulate, you have sort of alluded to that. People, those who are regulated, generally tolerate that intrusion if they see the regulator as bringing some benefits, as delivering more fairness to the system and if they feel a moral obligation may be to accept that regulation and co-operate, that is a big ask. How does a regulator achieve those, what we might call, three planks?

Professor Valerie Braithwaite: Well let’s think about an area where that works, and we don’t spend any time worrying about it at all. Most of us don’t like going to the doctor, it’s not our favourite activity. But when we go to the doctor, what we are looking for are benefits, we like to come out feeling better, we are looking for fair treatment, we want to be listened to and we don’t want to be discriminated against and we want to be helped. And the doctor expects us to do what he or she advises us to do, and we do all of those things and we might be a bit cranky if we have had to wait a bit too long or we don’t like our medication but by and large that is a relationship of trust which we accept. That is an intimate relationship, but it is a regular routine, one for many of us. But if we move to regulation, the same principles apply but it may be the mechanism of delivery that has to be different. People need to understand that through the regulation there are more benefits to be gained than losses to their freedom.

Susan Biggar: So, you also talk about a concept called motivational posturing, can you explain that to us?

Professor Valerie Braithwaite: The idea of motivational posturing came in early on when I was doing work on regulation and of course we always expect there to be very rational reasons for people not to comply with laws and rules and so I had all the rational reasons set out there but none of them worked. But what I found was that the critical factor was how people have positioned themselves and felt about the person or the organisation doing the regulating. We have quite a rich literature in social psychology on social distance, how we align ourselves with people we like, keep a distance from those we don’t. So I transferred that to the area of regulation and thought ‘Well, ok regulators are potentially threatening and it makes sense that we want to keep our distance.’ But by the same token, if we believe that there are benefits and we believe it’s fair then it makes it a more complex decision that we have to make about how we position ourselves. And so what I found with these motivational postures, and I call them motivational
postures because I don’t think we ever really understand people’s deep motivations. I think there is talk that what motivates them; I think that is complex and we often pretend that we know more than we do. But certainly we can read the way in which people look at us, their postures, the signals – the social signals they are sending to us about whether they want to ask that question or not ask that question, whether they want to answer a question or not. So, that was the essence if you like, social signalling that was part of motivational postures.

Susan Biggar: There is a space for building that trust and confidence and moving people in to a more positive reaction or positive relationship with the regulator.

Professor Valerie Braithwaite: Absolutely, the other thing to mention is that these postures I am not talking about types of people. I’d say we all have those postures within us and as children we learn, if you think back you will think instances where you have been all of those things. So, the task of the regulator is to pull out the positive postures to establish the relationship, explain the benefits, the fairness, call on moral obligation to get the best postures to the fore and be tolerant of resistance because it may be telling us something very important about the inadequacies in our regulatory system.

Susan Biggar: It’s interesting because, many people when they think about regulation they wouldn’t think about relationship necessarily but to me, a lot of what you have been talking about is actually about relationship even if it is large-scale or one-on-one but it’s about ‘how do you have a good relationship with the people you regulate and with your regulator.’ Is that right?

Professor Valerie Braithwaite: Exactly right, you can’t be a regulator in a democracy without having lots of relationships and having community to support your purposes and the way in which you are operating.

Susan Biggar: That is a fantastic way to end. Thank you so much Val. I have been here today with Professor Valerie Braithwaite.

Professor Valerie Braithwaite: Thank you so much.