Trust and COVID-19: Implications for Interpersonal, Workplace, Institutional, and Information-Based Trust

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The COVID-19 pandemic raises questions of trust in many domains, including interpersonal relationships, social behaviours, technology, and interactions with institutions and information. This prompts the need to consider trust holistically when attempting to understand it within any of these individual domains. An emerging theory of trust is applied to provide a perspective through which the interrelating effects of trust in multiple contexts can be understood in the wake of the COVID-19 outbreak. Understanding the collective erosion of trust in each of the domains addressed can contribute to understanding how citizens trust in important and reliable health advice provided by governments and institutions.

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Additional Key Words and Phrases: Social media, fake news, COVID-19, information trust

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1 INTRODUCTION

A healthy level of trust in decision making is important for society to function, for businesses to sell products and services, and for individuals to navigate an increasingly digital world. Trust is often described in terms of expectations, control and vulnerability (see review [16]). The recent Cognitive Predicting Theory of Trust (CPTT) defines trust as a process of active prediction based on expectations that people form as they interact with their environment [5]. As the forming and testing of predictions about the world is a constant and ongoing process, so too are the many trust decisions individuals make as they go about their daily lives. CPTT considers these trust decisions as predictions and describes how these contribute to a complex system that must be considered holistically. This perspective is helpful in the present context, given the many areas where predictability, and hence trust, have been inexorably altered.

In December 2019, a novel strain of coronavirus arose in humans, leading to a pandemic of the disease COVID-19 [22]. Many events surrounding this outbreak are unprecedented, and as a result our ability to predict the world around us has changed dramatically. From large-scale predictions such as job security and stock prices to smaller ones such as co-worker behaviour, the availability of bathroom essentials, and whether it is *me* to whom my video

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conferencing colleague is speaking, our ability to make confident predictions within many domains of life has diminished greatly. What comes with this is a diminished ability to trust.

Trust has consistently been identified as a vital factor in promoting pro-social and health-aware behaviour during the COVID-19 pandemic. Trust is necessary to induce behavioural change—particularly in a time of uncertainty such as this [20]. Along with the perception of COVID-19 as a significant threat, trust in science has been shown to be a predictor for conformity to health-related guidelines for COVID-19 [15]. Trust in the media has been found to correlate with the adjustment of social distancing behaviour [4] and the betrayal of trust by breaching public expectations on the credibility, privacy and accuracy of data is likely to lead to less adherence to advice about health safety measures [8].

In the following, I will argue that the effect that the COVID-19 pandemic has had on the predictability of various aspects of daily life has resulted in an erosion of trust in many areas of life, including trust in interpersonal relationships, society, workplaces, governments and information. An awareness of this, along with a consideration of the complex system that each of these domains of trust create, is needed for governments and health institutions to tackle the significant issues of trust in the information and advice they disseminate.

2 TRUST IN ISOLATION

With advice from health organisations and governments to prevent the spread of COVID-19 through social distancing, enforced lockdowns and the restriction of public gatherings, large parts of the population have been left isolated and vulnerable [19]. Whilst this has been documented to have a negative impact on mental health [18], the restrictions of normal social contact can also involve changes to interpersonal trust. Studies in neighbourhood [21] and interpersonal [17] trust have found a negative relationship between social isolation and trust. Potential effects of preventative measures taken during the COVID-19 pandemic on interpersonal and workplace trust are discussed in the following.

Interpersonal trust plays an important role in how we interact with others [12]. With the measures put in place in response to the COVID-19 pandemic, the way many people interact with each other has changed dramatically. Pre-COVID-19, friends could meet at a cafe to catch up; strangers could meet in bars, passing on the street, or in supermarkets; and co-workers would see each other every working day and interact informally. Currently, in many countries, friends instead schedule meetings via video conferencing applications, contact with strangers is limited and somewhat fearful as the potential for infection is forefront in the mind, and many co-workers can only interact via official channels such as email or scheduled video meetings, rather than passing casually in the hallway or conversing by the proverbial water-cooler.

Many meetings and social events have relied on video conferencing software during periods of lockdown. Such technologies do not facilitate eye contact between participants, and they allow individuals to be engaged in other tasks that are not perceivable to other participants. Video conferencing that does not facilitate the perception of eye contact reduces trust [3], and head movements away from the camera in video conferencing conversations tend to be perceived negatively, depending on how those head movements are interpreted [14]. In addition, without a shared context (e.g., a physical workspace), trust between co-workers can be negatively impacted [7]. With the sudden shift of the majority of social and occupational contact to these technologies, predictions based on norms such as eye contact and attention paid to a conversation are likely to be undermined.

The limited physical contact that people do have with one another during the pandemic has also changed. Take, for example, the simple task of grocery shopping. Ordinarily, interactions with strangers in this situation are amicable, and one might hold expectations such as most strangers providing a small smile if eye contact is made, or politely interacting with others as they go about their shopping. However, the act of shopping has become a vastly different experience for many people. Expectations formed in a pre-COVID world are constantly resulting in prediction errors as antisocial behaviour becomes more common—either due to an underlying stress of contracting COVID-19, a reluctance to be near others, or, at the extreme, aggressive panic buying. Due to the

move towards only entering society for essential activities, these sorts of circumstances make up a very narrow set of physical interactions with other people, meaning a lower likelihood for errors in predictions about the behaviour of others to be balanced with successful predictions. This alteration of interpersonal norms can have an impact on our expectations of others, as well as our trust in others.

The lack of interpersonal trust may permeate into wider social trust implications between groups of people, which may be further exacerbated by polarising opinions voiced through social media. This in turn affects the acceptance and dissemination of important health-related information via social media, an increasingly utilised platform for consuming news and current affairs. The impacts of greater reliance on social media to social and interpersonal trust must be understood if the issue of trust is to be addressed in relation to the effects of the COVID-19 outbreak.

3 TRUST IN INFORMATION AND HEALTH ADVICE

In the wake of the COVID-19 outbreak, there are many reasons to focus on trust. Perhaps most important is the need to disseminate reliable health information en masse and the need for citizens to trust this information and accept it as advice. Unfortunately, what often happens is either a distrust of reliable information from health institutions or governments, or an overreliance on unreliable information, leading to, for example, the belief that COVID-19 may be a hoax or part of a wider conspiracy [20]. Understanding how people trust information and misinformation is an important challenge that governments and health agencies face to ensure the safety of citizens around the world.

Trustworthy and credible sources of important health information are vital to the acceptance of such information [20]. However, attempts to identify credible information and define misinformation in the current landscape are difficult given the fast pace of new discovery compared to the wealth of information being disseminated and consumed every day [13]. In addition, widespread reliance on social media and “influencers” in the dissemination of information over more reliable sources could lead to increasing trust in unreliable information [13].

When differentiating valid health advice from misinformation or information leading to unsafe health practices, one often thinks of two things: the trustworthiness of the information, including its origin, credibility, accuracy and the motivation behind its dissemination, and an individual or group of individuals’ propensity to trust, including their naivety, prior beliefs, general acceptance of information and personality traits. Targeting each of these two domains separately is typically the strategy when attempting to study or treat informational phenomena such as fake news or widespread misinformation. However, focusing instead on the context within which these two domains (the person and the information) interact is needed to form a more complete picture [5].

For example, consider a situation where a particularly trusting person is viewing valid, credible health information online. In one case, this person might be seeing it within a news article about advice for how to keep safe during the pandemic. In another case, this person might be interacting with this information on social media, where this person might be primed to compare the information to the many posts about COVID-19 conspiracy theories that others within their social circle have shared. Without specifically forming an opinion about the conspiracies, the mere exposure to them may make them seem more believable to this person [11]. In addition to this, the fact that this exposure has occurred on social media means that accessing the credible health information on the same platform prompts an implicit comparison between the conspiracy posts and the credible health information that may be seen less by this person on this platform. In this case, attempts to provide proof that the health information is credible, or to educate this person about how to determine if information is credible, are unlikely to be effective. The context itself has to be considered when attempting to foster trust in important information such as advice regarding safe behaviour during the COVID-19 pandemic.

4 TRUST IN GOVERNMENTS AND INSTITUTIONS

Trust in governments has been shown to be important in healthcare workers’ decisions to continue working during a pandemic [9], and there exists a potential for some minority groups to be distrusting of information and

recommendations provided by institutions such as health systems and governments [20]. These examples mark the importance of transparency in government communication regarding the threat of COVID-19 to maintain continued trust and adherence to recommendations.

Interacting with governments and institutions require the exchange of a certain level of control. Relinquishing control to another party leads to higher uncertainty as the intentions of the other party are often not known, making prediction of outcomes governed by the other party difficult. Given the fact that many governments around the world have exerted greater control over their citizens through the implementation of policies and interventions to control the spread of the virus [1], there exists a significant need to focus on the impact on trust in relationships between governments and their citizens. According to CPTT [5], potential areas of focus include the perceived consistency of decisions made by a government, particularly with regard to an individual's standards, as well as the predictability of other elements within an individual's environment.

Trust in governments and institutions, as well as the information and advice they promote, depends on a complex system of interrelating variables. For example, as individual differences in propensities for interpersonal trust are altered, so too can propensities to trust authority and institutions [2, 6, 10]. In other words, the less we trust each other in general, the less we trust our work colleagues, representatives of health institutions or representatives of government. Thus, focusing purely on how trust can be fostered in government or institutional messages to the public is unlikely to be effective. Instead, to ensure that trust can be fostered at a local level such as in the important aspect of disseminating health advice, it must be dealt with holistically. This means considering the impacts on trust globally rather than within individual silos such as interpersonal, institutional or informational trust alone.

5 CONCLUSION

At a time in our history when social isolation is high, and information disseminated by scientists, government and health institutions is mixed with misinformation on the oft unreliable platforms through which many seek information, our ability to trust who we interact with and what we see and hear is of vital importance. Understanding how trust is formed and when it breaks down is a key aspect in understanding large social behavioural trends during this time, and for formulating effective strategies to ensure trust can be formed in the interaction between people and important and reliable health information.

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