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RESEARCH ARTICLE

Public Sector Crises: Realizations from Covid-19 for Crisis Communication

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ABSTRACT: This article reflects upon the communicative demands COVID-19 created for public sector crisis managers. Those demands include anxiety, empathy, efficacy, fatigue, reach, and threat. The conclusion reviews the realizations COVID-19 has created for those tasked with managing public health crises.

KEYWORDS: Crisis Communication, Efficacy, Crisis Management, EPPM, Anxiety

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1. Introduction

Strategic communication for public sector organizations has many facets. Crisis communication is the application of strategic communication to the management of crises. The public sector has a long history of needing to cope with crises. It is not unexpected that public sector organizations will need to address the crisis demands created by natural disasters, major chemical spills, or mass casualty transportation accidents. The 2004 Tsunami that hit Thailand and Indonesia, for example, caused public organizations from around the world to act (Strömbäck & Nord, 2006). The COVID-19 pandemic has added new concerns for public sector crisis communication and management efforts because of the unique crisis demands it created.

It is valuable for public sector personnel to reflect upon the various efforts public sector organizations utilized in response to COVID-19. Studying crisis cases is one way to learn more about crisis management and communication. The purpose of this article is to provide a more general debrief of public sector crisis communication for the COVID-19 pandemic. We start a few key terms along with a framework that is helpful for guiding crisis communication during a public health crisis like COVID-19. The focus then shifts to the unique demands COVID-19 placed upon crisis communication. The last section explores the realizations COVID-19 provided about public health crisis communication.

2. Terms: Context and Model

Crisis management can be conceptualized as "a set of factors designed to combat crises and to lessen the actual damage inflicted" (Coombs, 2019, p. 6). Crisis communication is the enactment of crisis management—what is said and done in attempts to manage the crisis. Research into public sector crisis management is an established field (e.g., Smith & McCloskey, 1998) and the focus on crisis communication has been expanding. Finn Frandsen and Winni Johansen are the crisis communication researchers leading the exploration of crisis communication in the public sector. Their survey of municipalities in Denmark about crisis management and crisis communication is a seminal study on the topic. They began by studying actual crisis plans, along with a survey of officials, to get a sense of how Danish municipalities were approaching crisis management and crisis communication (Frandsen & Johansen, 2009). The research has greatly expanded our understanding of crisis communication in the public sector and our understanding of internal crisis communication in general (e.g. Johansen, Aggerholm & Frandsen, 2012).

A public health crisis is a threat to the public health that exists across multiple geographic areas. The term public health crisis covers a broad range of situations including slow moving concerns such as vaping or gun violence to fast moving concerns such as an infectious disease (Maibach & Holtgrave, 1995). COVID-19 is an infectious disease meaning it is caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi and is spread from person-to-person either directly or indirectly (Who, n.d.). Moreover, COVID-19 is a pandemic meaning there is was a sudden increase in infection across a number of countries and continents that affects large numbers of people (WHO, 2010). Infectious disease experts warn that pandemics have been and will continue to be a threat because of world travel and global interdependence (Morens & Fauci, 2013). The point is that while COVID-19 was unique in some ways, the underlying threat of pandemics remains a concern for public sector organizations. Municipal, regional, and national governments will have a continuing need to be ready to handle the pandemic version of a public health crisis. Furthermore, even small-scale outbreaks of diseases would require similar crisis communication skills.

The Extended Parallel Process Model (EPPM) from health communication is an excellent framework for approach public health crisis communication. EPPM provides guidance on designing effective health communication messages. A health communication message is effective when people follow the preferred course of action in the message. In EPPM, the preferred course of action is known as danger control. Danger control occurs when people take steps to alleviate the threat they are facing (Witte, Meyer & Martelli, 2001). Examples of danger control for COVID-19 include washing your hands properly, social distancing, and self-isolation.

EPPM articulates the key factors that can result in people taking the desirable danger control or the undesirable fear control (such as ignoring the threat). The first step in the EPPM model is the perceptions of a threat. People encounter then evaluate that threat and the evaluation determines if people decide to take further action. The first step is to appraise the basic nature of the threat. People assess if they are vulnerable to the threat (perceived susceptibility) and if the threat is serious enough to warrant their attention (perceived severity). If people feel the threat is not relevant to them and/or is not that serious, the threat will be ignored and the evaluation process ends. Crisis managers face a difficult task when a segment of the constituents perceive the threat from a crisis as inconsequential.

If a threat is perceived as relevant, people are motivated to assess the efficacy of proposed response to the threat. The proposed response represents the actions people can take to reduce or to eliminate the threat. In EPPM, danger control reflects the desired response because it indicates people are taking the recommended actions to alleviate the threat. We can think of danger control as a form of resilience because people are taking positive steps in response to the threat. Efficacy assessments include both plan efficacy and self-efficacy. Plan efficacy is whether or not people believe the recommended course of action will actually work—help them to avoid the threat. People do not follow courses of action they do not believe will be effective. Self-efficacy is whether or not people believe they have the knowledge, skills, and resources to execute the recommended course of action. If people believe they cannot perform the plan, they will not bother trying to follow the plan. When both response and self-efficacy are strong, people engage in danger control thereby enacting resilience. When either or both of response and self-efficacy are weak, people opt for fear control and demonstrate a lack of resilience (Witte, et al., 2001). EPPM helps us to understand how a person moves from threat to taking action related to that threat or simply avoiding or ignoring the threat.

To provide a list that claims to be "best practices" for pandemic communication is too simplistic. One size does not fit all crises and this is particularly true for pandemics. The next section shifts the focus to the key features of the COVID-19 situation and the demands it placed on crisis communication.

3. Crisis Communication Demands of COVID-19

COVID-19 has created some specific communication demands for public sector crisis managers that have implications for future crisis communication. The communicative demands provide a number of points that crisis managers should consider and adapt to their own crisis communication needs rather than having a simplistic list of things they must do. This section will focus on six major communicative demands that have shaped COVID-19 crisis communication and have implications for future crisis communication: (1) anxiety, (2) empathy, (3) efficacy, and (4) fatigue, (5) reach and (6) threat. The examination of each demand is explored primarily through the lens of EPPM.

Anxiety

Crises produce a variety of emotions including anger and sympathy. Anxiety might be the most important emotion crises generate. Crises make people anxious because they worry about how it will affect them and others they care about (Jin, 2009). Anxiety produces stress and stress has a negative effect on cognitive abilities. Stress is a distractor that has been definitively shown to reduce comprehension (Rai et al., 2011). The implication for crisis communication is the need for simplicity. Crisis managers, regardless of the focus of the message, must keep crisis messages simple and easy to comprehend. Message mapping is an establish concept in risk communication used to organize risk messages. "A message map contains detailed, hierarchically organized responses to anticipated questions or concerns. It is a visual aid that provides, at a glance, the organization's messages for questions and concerns raised during an emergency or disaster" (Covello, 2006, p. 25). As Covello (2006) noted, "Message maps provide a unifying framework for releasing information about questions and concerns raised during an emergency or disaster" (p. 26).

Message mapping is illustrated using an example from COVID-19. A message map centers on a key message designed to address a key concern or question. First, the message map identifies the target audience and the question or concern to address. In the COVID-19 example, the target audience is the general constituency because the virus can affect anyone. The question or concern is identifying when someone is contagious. The key message is that people can be contagious with COVID-19 but not have the common symptoms. Three points are provided to support the main idea that people can be contagious when they do not have common symptoms of COVID-19: (1) people may be asymptomatic (never show symptoms), (2) people are contagious before displaying symptoms, and (3) people may have very minor symptoms that go unnoticed. Crisis communicators should develop three supporting point for each key they create. The message map provides guidance for anyone at the public sector organization that needs to address the question about people being contagious and how people can be contagious without displaying the common symptoms such as a cough or fever.

One principle of message mapping is the 27/9/3 rule. The numbers mean a message should have only 27 words, take nine seconds (to hear or read), and contain only three ideas (Covello, 2006). Creating short and effective messages is a challenge but a task that can be accomplished. Twitter and infographics are perfect short format message delivery systems. Not all messages will fit the 27/9/3 rule but the point is to keep the messages short and simple. During a pandemic is not the time to send out detailed, technical explanations. However, you can leverage the interactive nature of digital communication to provide the opportunity for additional inform. Provide links so that if people have the time and motivation, they can learn more about the topic. During COVID-19, for instance, people were encouraged to wash their hands and to wear face masks. A Tweet or simple infographic can quickly and easily communicate that message to people. But some constituents might want to know more about why they should engage in these behaviors. An easy click on a link in the message can take them to additional information. You would be using what is called a hub and spoke design. The hub is web site that contains detailed information for people to consume. The spokes are the shorter messages you send out to people through various channels. You want each spoke to provide a connection back to the hub for people wanting additional information. This can be accomplished with non-digital users as well by providing people with a phone number to call for additional information.

Empathy

Empathy is the ability to recognize and to share the emotions of others (Abramson, Uzefovsky, Toccecelli & Knafo-Noam, 2020). It is through empathy that people are led to the helping of others, it is the foundation of modern risk communication and empathy is the cornerstone of psychological first aid (PFA) a strongly established practice within disaster communication that is used globally by the World Health Organization. PFA has proven superior to psychotherapy in reducing trauma among those suffering from a disaster (Everly & Lating, 2017). Research finds that people are more likely to help others when they feel empathy for others (Sinclair et al., 2017). Modern risk communication is premised upon understanding how risk bearers feel about the risk (Leiss, 1996). Empathy is identified as the key to creating rapport with a victim, the first step in PFA (Everly & Lating, 2017). There are two types of empathy, cognitive and emotional. Cognitive empathy is a person's ability to understand to perceive the emotions of others. It is a skill that allows you to recognize and to understand other people's emotions. Emotional empathy is comprised of the ability to feel the distress of the other person, to feel the same emotions as the other person, and to have compassion for the other person (Abramson et al., 2020). Part of crisis communication must serve to convey to constituents that you understand their anxiety. Never forget the need to convey empathy as part of the public health crisis communication effort.

Efficacy

Efficacy plays a central role in EPPM and helps us to understand when people are more likely to engage in danger control/act in a resilient manner. Efficacy is a central concern in crisis communication because it affects whether or not constituents contribute to helping to resolve the public health crisis. As a public sector organization, you will advance a multi-faceted plan (response) designed to redress the public health crisis. That response will be dependent, in part, on the actions of the constituents. You will need constituents to enact danger control. Consider the use of the #Flattenthecurve during COVID-19. The hashtag emphasizes efficacy. Everyone could take steps that would reduce the spread of COVID-19—flatten the curve. The hash tag also served as a short message to reinforce efficacy. Constituents must contribute for the response to be effective. Response and self-efficacy are essential to having constituents support and enact your response. Your messages must convince constituents that the response will effectively reduce the threat. If there is no response efficacy, you will not get support from constituents. Do not just tell constituents what to do but emphasize why they should do it. Be explicit is explaining how the response (enacting danger control) will help them and others. Part of the crisis message must build response efficacy. Next, people need to believe they actually can execute their part of the response. You need to build self-efficacy by providing information, training, and even resources to help people execute their part of the response.

Understanding response and self-efficacy requires feedback from constituents. You need to know if constituents believe the response can work and if they feel they can complete their part of the response. Social media listening provides one means of assessing efficacy. Social media posts will give you a rough idea of whether or not people think the response will work and if they can execute their part of the response. Direct contact with constituents is useful for self-efficacy assessments, especially for more complex tasks. Let us return to the self-isolation element of the COVID-19 response as an extended example. Contact tracing is used to identify people who have been exposed to the virus and contact tracing will be the responsibility of public sector organizations in most situations. The response for danger control includes those who have the virus should self-isolation to prevent further spread of the virus. Self-isolation is critical to reducing the number of people exposed to the virus and, thus, the spread of the virus. Contact tracers inform people they need to self-isolate,

explain what self-isolation entails, and discuss why it is important to do. People might resist self-isolation because of self-efficacy. People may say they must care for another person, do not have access to a bedroom and bathroom for just themselves, or lack the means of having essentials delivered to them. Part of a contact tracer's job is to connect people with the resources they might need to help them self-isolate properly—to enhance the self-efficacy of those who need to self-isolate. Contact tracers also reinforce the response efficacy by explaining the value of self-isolation to protecting public safety. Again, people must perceive both response and self-efficacy to be strong if they are to follow the recommended course of action.

Fatigue

Public health crises, such as COVID-19, can extend over a long period of time meaning weeks or months. Public sector crisis managers will need to be communicating throughout that time period because the nature of the crisis changes over time as do the actions and operation of government offices. An example would be the way that government offices that can vary in terms of when they are open and how they operate during a public health crisis. The constituents can become weary of yet another public health crisis message during an extended public health crisis. Creativity is needed to present the messages in new ways that are both effective and attention grapping. One option is to include helpful but different information for constituents. An example would be to identify online activities for people who are social distancing such as museum tours and zoos having live feeds of animals. This is a change of pace from the normal messages about health concerns or changes in the operations of governmental offices. The key is that the creativity cannot distract from the content of the message.

Reach

Public health crises involving infectious diseases can affect any or potentially all constituents. Public sector organizations have embraced social media platforms for disaster (Lovari & Bowen, 2019) and public health crisis communication (van der Meer & Yin, 2020). However, the use of digital channels can hide problems in reaching marginalized constituents. There can what we might call structural factors that make an audience difficult to reach with public health information. Those structural features include language, non-digital media use, and a history of marginalization. In areas where there are multiple languages, depending simply on the "dominant" languages may not be enough. Messages must be created using all constituent languages. That does not mean every message must be transmitted in every language, but core messages must be able to be consumed by all constituents. While the number of people depending on digital media for information keeps increasing, not all constituents have access to or are consumers of digital channels. Public sector crisis managers must consider how they are using non-digital channels to reach those constituents. Traditional media such as newspapers, radio, and television have a place in the public health crisis message media mix. Moreover, think creatively about how to reach the non-digital constituents. One local government sent pre-recorded message to all land line phones that contained vital COVID-19 messages while others mailed letters to all constituents that had physical addresses.

Marginalized constituents may face issues with language and digital access but will share a skepticism about messages from the government. In the U.S., many African American communities are skeptical of governmental health messages because of well-known, past governmental failures to protect their health such as

the Tuskegee syphilis trials (Breslow, 2020). For marginalized communities, it is important to recruit leadership within that community to be part of the public health communication effort. Marginalized constituents are more receptive to crisis messages that are vetted through their leadership or other trusted sources. Public sector organizations need to partner with community groups in order to reach marginalized constituents more effectively (Ford & Yep, 2003). Community engage is essential with marginalized constituents.

Threat

Risk communication expert Peter Sandman (2006) noted that risk communication centers around the evaluation of risk. The risk communicator often tries to convince people to be more concern about a risk they underestimate or less concerned about risks they overestimate. During public health crises, the concern frequently lies more with trying to get people to be concerned about a risk they underestimate—threat assessment. If constituents are underestimating a risk, the threat assessment part of EPPM is compromised. People do not see the threat as a risk for them, not a serious threat to them, or both. Regardless of the reason, the people are not motivated to take actions to reduce the threat. For COVID-19, young adults and African Americans often were found to have low threat assessments. COVID-19 was a virus that affected other people and not much of a threat to these two constituency segments. The challenge for public health crisis communication was finding a way to increase threat perceptions without increasing fear unduly. For young adults, that meant focusing on how they could infect others and potentially harm or kill loved ones.

Younger adults discounted the threat because perceive susceptibility and perceived severity was low for this segment. Still, younger adults could be harmed by COVID-19 and they could easily transmit the virus to others including those who are at high risk. To reach the younger constituents, some local governments in the U.S. used TikTok for some COVID-19 messaging. TikTok has a youthful demographic making it an excellent channel for reaching what was in this situation a difficult audience. For the African American community, it meant debunking myths that African Americans were somehow immune to COVID-19 (Jones, 2020). The problem of debunking the low risk belief was amplified by the previously noted distrust of public sector communication by African Americans. Before you can address threat concerns, you first need to understand how your segments are viewing the threat and what factors might inform those perceptions.

4. Summary

The focus on this section was to identify the most significant demands public health crisis communicators faced during a pandemic like COVID-19 and the challenges those demands created for crisis communication. Examples of how crisis communicators have addressed those challenges are provided to show how others have tried to overcome them. Remember, there is no one-size-fits-all solution for public health communication so avoid the seduction of "best practices." Good crisis communicators are problem solvers. The six demands highlighted in this section are some of the most difficult challenges public sector organizations will face during any public health crisis. Knowing the challenges you will face helps you think about how you might approach those challenges given the nature of your situation, the structure of your organizations, and the resources you have available to you.

5. Realizations and Future Actions

I am always a bit skeptical when someone writes a piece about insights into crisis communication from some black swan crisis. A black swan crisis is unique and unlikely to be repeated. There is a great risk that those insights are idiosyncratic to that black swan event. COVID-19 has unique elements to it, but the world is likely to face more infectious disease-related pandemics in the future. Hopefully, none of the future pandemics reach the scale and create the disruption generated by COVID-19. Realizations are about becoming fully aware of something. The driving question becomes: "What realizations have the experiences of COVID-19 produced for public sector organizations facing a public health crisis?"

The first realization is the value of communication within public sector organizations. Many professionals have noted that others in their organizations became much more aware of the value communication adds to the organization during COVID-19. Furthermore, the value of crisis communication as the driver in crisis management became clearer during COVID-19. Public sector organizations needed to communicate effectively with constituents on a regular basis to reduce the spread of the virus. The changing nature of the COVID-19 pandemic and its extended duration increased the need for communication. Communication means not only sending messages to constituents but listening to constituents (community engagement) to understand their needs during the pandemic. Only by listening could crisis communicators develop messages that resonated with constituents and addressed their specific concerns. Listening identifies problems with threat susceptibility and severity, concerns about plan and self-efficacy, and understanding which segments are difficult to reach. Communication not only helps to provide solutions through empathic communication but is vital to identifying the crisis problems that need to be addressed. COVID-19 has helped to elevate the value of crisis communication during any form of future public health crisis.

The second realization is the duality of social media, it is both an asset and a liability. Social media can be a useful tool for understanding and reaching constituents, but these digital platforms have complications and limits. Veracity is a significant complication. There are two distinct effects of the veracity concern. First, when officials are using social media data to gain insights into the crisis, how reliable is that information? There are concerns about the veracity of information appearing on social media platforms (Lovari & Bowen, 2019)? Officials that do seek information from social media data worry about acting upon incorrect information because mistakes during disasters and public health crises can cost lives (Aiello, Renson & Zivich, 2020; Dredze, 2012). Second, social media can spread misinformation about a health topic like COVID-19. Early research has noted the problems with misinformation related to COVID-19 and the need to correct that misinformation (Depoux, Martin, Karafillakis Preet, Wilder-Smith & Larson, 2020). Crisis communicators should assume misinformation will be a concern in future public health crises. Moreover, there may be some voices emerging during a crisis that purposely choose to promote misinformation to further their own interests. Part of the crisis communication response will involve combating misinformation and crisis communicators must prepare for that. Unfortunately, crisis researchers have found misinformation to be highly resistant to corrections (van der Meer & Jin, 2020). As Lovari and Bowen (2019) noted, there are ethical concerns as well with the use of social media by public sector organizations during a crisis.

We must remember there are limits to what social media can do. Social media needs to be part of a media mix but not the only channels being used because segments of constituents do not consume it. Public sector officials must be sensitive to those constituents who require more traditional channels. Furthermore, while the brevity of many social media formats helps with comprehension, it limits the ability to provide detailed infor-

mation. Crisis communicators must take care in constructing a media mix that can reach a wide range of constituents and provide a hub-and-spoke design for those seeking additional information. The duality of social media will remain a concern for future public health crises.

The third realization is the value of the EPPM model for guiding public health crisis communication. Reviewing various reports of how public sector organizations were engaging in crisis communication revealed how the effective actions seemed to be based in some aspect of EPPM. Those communicating about COVID-19 identified the need to increase perceptions of threat and efficacy as central to their communication efforts. EPPM is valuable because it highlights potential problems that can block constituents from engaging the desired responses necessary to curb the spread of a pandemic and to help flatten the curve. Moreover, EPPM provides a way to demonstrate the value of crisis communication in facilitating resilience. EPPM should be part of future public health crisis communication efforts including the planning phase.

Realizations should inform future actions public sector crisis communicators become aware of the challenges created by public health crisis rooted in infectious disease pandemics or outbreaks and take actions to overcome the challenges. The first set of actions relate to the pre-crisis planning for public health crises. Building efficacy is central to a resilient response by constituents. Crisis communicators know that washing hands, face covers, social/physical distancing, and self-isolation are essential to any danger control response. Pre-crisis communication needs to focus on what these actions are, why these actions help to prevent the spread of disease, and how people can learn to perform these actions properly or to access the resources necessary to perform these actions. Plan and self-efficacy should be established before the next public health crisis. Constituents can respond more quickly when they already know what the desired danger control responses rather than learning them during the crisis.

Self-isolation as a danger control response is a good example from COVID-19. First, people need to believe self-isolation will help to reduce the spread of COVID-19 and their contracting the virus. Not all constituents believed self-isolation would help. Second, people must believe they can self-isolate. Often people did not have the resources to self-isolate and required governmental assistance to accomplish the task. For instance, people might not have access to a living space that permitted self-isolation or the resources to have food delivered to them. Crisis communicators should be wrestling with efficacy concerns before the next public health crisis and not wait until the next one appears.

Pre-crisis is an opportune time to conduct an audit of the crisis communication channels. The communication audit should determine if any constituents, especially marginalized and difficult to reach segments, are covered by the current array of communication channels. This is also the time to reach out to leaders in the marginalized communities to involve them in the planning for the public health communication crisis. It is more efficient to engage community leaders before the public health crisis occurs than after. Crisis communicators save time during a crisis by executing some tasks prior to the arrival of a crisis (Coombs, 2019). Pre-crisis also is an excellent time to brainstorm about which segments might be resistant to efficacy messages and develop strategies to overcome that resistance.

During the crisis response, public sector crisis communicators need to reinforce efficacy and use message mapping to guide the develop of risk-related messages. The public health crisis threat is salient during the crisis. The threat is composed on threat to the individual, threat to the family, and threat to the community. Even those at low risk for an infectious disease could place others at risk by the nature of their reaction to the crisis. Crisis communicators need to continually assess how various segments of the constituents are assessing the threat. Crisis communication needs to adjust if certain segments are underestimating or overestimating the threat.

Public health crisis communicators must remember the roles of anxiety, empathy, and fatigue in their message development. Anxiety not only requires the use of short and simple messages but creates a need for messages that can help to reduce constituent anxiety. However, a message cannot reduce anxiety if the crisis managers fail to realize what is driving that anxiety during the crisis. Crisis messages need to reflect a sense of empathy. There are times when public sector crisis communicators need to give directions for public safety, but the messages should never forget the power of empathy in crisis communication. Finally, public health crises span a long time period relative to other forms of crises and constituents can grow weary of another health-related message. Find ways to add in additional content that is lighter in nature but still of use to constituents and could even help to alleviate some of their anxiety.

6. Conclusion

Public sector organizations bear a significant responsibility for managing public health crises. That means public sector organizations must be skilled as public health crisis communicators to enhances constituent resilience. The crisis communication demands that emerged from COVID-19 and the realizations the actual responses provided about public sector crisis communication can be leveraged to improve the entire process of public health crisis management. An important part of examining a crisis is learning how to improve how you approach the next crisis. Organized through EPPM, the demands and realizations are used to provide insights into how public sector organizations can improve their preparation, planning, and response for public health crisis communication. For instance, public sector crisis managers should already be thinking about how to revise preparedness plans for future pandemics such as stronger efforts to make constituents aware of the actions to take during a pandemic and basics steps an individual can take to limit the spread of an infectious disease. The more constituents understand about what actions they should take during a pandemic and why they should take those actions, the easier it is for constituents to follow that guidance during a pandemic. Crisis managers also will have a better idea of the more resistant constituent segments to crisis communication messages. Part of preparation is enhancing the understanding of why these segments resist pandemic messaging and engage with those segments to increase compliance with future pandemic messaging. Moreover, social media will remain an essential element of public sector crisis communication, yet crisis communicators need to appreciate the duality these social media platforms create. There are no easy answers for public sector employees tasked with managing a pandemic public health crisis such as COVID-19. However, by understanding the challenges the communicative demands place on public health crisis communicators, public sector organizations will become more effective communicating with constituents during a pandemic and facilitate a more positive response to that pandemic.

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