

Public Relations in Crisis Management: A Review and Analysis of Communicative Strategies During Early Stages of Covid-19

Zaihang Xu^{1,a,*}

¹*Milestone Secondary School, North York, Canada*
a. ertengcheju6@126.com

**corresponding author*

Abstract: Since the outbreak of Covid-19 at the end of 2019, many countries face the challenges of gaining the public's trust and encouraging collective participation in fighting against the epidemic and national crisis. Different countries applied different communication strategies to cope with the critical situation. Many of these approaches have been criticized for their effectiveness. Therefore, this review article critically examines it through the lens of crisis management and communicative strategies, particularly its application in the early stages of Covid-19. It explores crisis communication from three angles: content, channels, and key difficulties during the early stages of the pandemic. Highlighting fear's dual role in crisis management and the challenges of misinformation on social media, it emphasizes the need for dynamic fear negotiation and enhanced health literacy. The review offers insights for future studies on fear communication and misinformation, stressing the importance of improving online representation of medical professionals to establish trust and regulate public behavior during crises.

Keywords: Covid-19, crisis communication strategies, crisis management, review

1. Introduction

Public relations have been a key method to tackle a wide spectrum of public issues. From improving organizational image to handling major international conflicts, public relations often are associated with crisis and crisis management. According to Kaleel [1], its development is the result of various forms of human relationships and social interaction and is especially important when dealing with changes in human society.

One of the most recent and impactful transformative changes in human society is the outbreak of Covid-19, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was officially announced to be a global pandemic on March 11, 2020, by WHO and was expanding at an unprecedented speed across the globe [2]. As this public health crisis drew global attention, each nation was forced to apply crisis management strategies and use media channels to deal with the growing fear and panic, as well as the spreading of misinformation, and potential distrust towards the government and public health sectors. Up to today, human society is still combating Covid-19, yet the crisis management strategies vary according to different characteristics of its development stages.

In this case, this paper aims to focus on the early stages of the Covid-19. Compared with other stages of its development, scientists and policy-makers in the early period were still in the process of finding the most effective way to deal with the crisis and the pandemic. The public with very limited information and mixed feelings towards the disease also places a bigger burden on how government tackle the crisis. Furthermore, due to the different levels of infection rates and differences in local resources and governance ability, each country presented different communicative methods during the early stage. Therefore, this study argues the importance of investigating the primary stage of the global public health crisis to understand how crisis management strategies are formed and its challenges and opportunities.

2. Crisis Management Model in Public Relations

2.1. Overview of crisis management theories in public relations

Before tackling what crisis communication strategies have been applied in the early-stages of Covid-19, it is essential to first understand the concept of crisis management itself. Yet, providing a one-fits-all definition of crisis management has been a debated topic in academia. Many scholars agree that organizational crisis is a complex phenomenon that intertwines with psychological, technological, structural, cultural, and socio-political issues [3]. In this sense, the study of crisis management inherently is a cross-disciplinary question and requires a consideration of various stakeholders and factors [4, 5].

Rooted in business and organizational management, the early stage of crisis management theory often emphasises the persistence of crisis and argues the need to implement dynamic methods for an organization's balance and stability [6]. This requires long-term surveillance and evaluation of potential warning factors in an organization's daily activities [6]. In this sense, crisis management in the business domain can be interpreted as a constant need to eliminate potential negative factors and thus avoid crisis. While in Pearson and Clair's work [7], they presented a more inclusive angle from previous literature towards crisis management by summarizing the five characteristics: unknown crisis effect in ambiguous situations; low probability of occurring but a high threat to the company and its stakeholders; very limited response time; a potential surprise to organizational members; and difficulties in making decision and unpredictability for its future impact. Their understanding suggests that crisis often strike at an unforeseeable situation and with an unpredictable impact and may require the whole system to work together to effectively solve the issue.

Other than the studies in business and cooperate management, more recent studies swift to investigate how crisis management in the public sector would be. According to Boin and Hart [8], crisis in public institutions happens when the institutional structure is challenged or when lives under the governance of the institution are in threat, both physically and spiritually [9]. In this sense, for public sectors like government and non-profit organisations, even though maintaining the normal structural function still matters, more attention is required for social responsibility and maintaining the people's safety.

There are still a variety of ways to conduct crisis management. Summarizing the applied methods in crisis management practice, two major themes are identified, namely proactive and reactive. The former stresses the need to foresee dangers and make plans for potential risky factors, while the latter places importance on how to deal with crisis after it already happened and tends to cut down expenses as potential remedies [10]. Sahin et al. [11] presented a more complex model. They concluded five approaches, from escaping, solving, proactive, and reactive, to interactive ones. Though their definition may vary, the core of distinguishing its difference still situates from the need to anticipate crisis to simply respond to it.

2.2. Relevance of crisis communication theories to the Covid-19 pandemic

To reduce the effect of crisis and increase the likelihood of making effective risk management decisions, one of the key strategies is to communicate the proposed methods and aimed results to the public—the process of crisis communication. According to WHO, crisis communication in public sectors refers to the “exchange of real-time information, advice, and opinions between experts and people facing threats to their health, economic or social well-being” [12]. In the case of Covid-19, the high death rate in the early stage, limited effective treatment methods, lack of vaccine, and insufficient medical resources all placed great pressure on local government everywhere. Under these circumstances, how to effectively apply crisis communication strategies to the public to ease the potential fear and precarious public health sector becomes the major task.

Previous studies have identified several theoretical models to analyze how individuals react to life crisis. For example, the Health Belief Model (HBM) can serve to explain how social beliefs on health and health management recommendations can impact people’s daily activities and guide their behaviours [13]. In more recent years, more studies have been using HBM to evaluate how people perceive health information and to what degree the behavioural impact is negotiated through the costs of following the health information and expected health outcomes [14]. Other theoretical models like the Theory of Planned Behavior (TPB) presents a human-centred view and argue that an individual’s decision is the key to enacting forms of health management behaviour [15]. These different models provide an effective theoretical lens from which we can understand what the release of health information can do to the public’s perception and behaviour.

However, more empirical evidence suggests that there are other factors that impact how health information is diffused in major crisis, especially in the case of Covid-19. According to a survey conducted in Saudi Arabia on 5472 individuals, means of communication, perceived level of risk and stress, community perception, and source of information can lead to mixed results in interpreting health recommendations for Covid-19 [16]. At the same time, the application of social distance policies is found to increase the level of perceived ineffectiveness of risk communication [17, 18]. The findings from empirical studies further indicate that in public health issues, contextual information like socio-political background may also create an impact on the effectiveness of communication of crisis management methods, thus needing a comprehensive view in assessing the crisis communication strategies applied during Covid-19.

3. Communicative Strategies During Early Stages of Covid-19

The previous section has explained the theoretical foundation and the context of crisis communication during early stages of Covid-19. This section aims to provide a review and analysis of the key themes applied in crisis communication methods.

3.1. Content of crisis communication: negotiating fear

“Early risk communication scholars found acceptability of risk was shaped by 2 key components: hazard and outrage [19].” Similarly, Hower also suggested that fear is a well-acknowledged method to secure people’s obedience during crisis [20].

In the crisis communication of Covid-19, fear is still the natural key to raising people’s attention and awareness. Examples are evident in the media narrative that vividly depicts the pain and deaths of patients, horrifying newsletters with daily updated numbers of deaths and increasing confirmed cases, and the use of provocative language during the pandemic. These methods can be defined as fear appeals or scare tactics—a commonly used persuasive strategy to arouse fear by increasing the perceived threat and efficacy [21]. According to Wodak’s study that examines the media narrative of Covid-19, findings also suggested that national leaders tend to narrate decline, and helplessness and

use vehement scapegoating to impose control in their public speaking [22]. In this sense, the narration of fear can be used as a key theme in implementing crisis communication strategies and thereby regulating citizens' behaviour during Covid-19.

However, concerns arise in discussing the impact of applying fear during Covid-19 as the potential unexpected negative impact may occur, which runs risks of intensifying "the already complex pandemic and efforts to contain it [23]." This argument is especially evident when people are reported to escape from lockdown cities to avoid the potential of getting infected. And the stock of medical supplies for Covid-19 prevention was also once run out globally. These can be seen as the consequence of irrational public fear. In addition to the potential negative outcome of implementing fear in crisis communication, Lerouge et al. also suggests that during crisis, communication itself is one of the most important and effective weapons the government can utilize. And the government can regulate and balance their narration and thus, contain fear in a well-controlled mode to avoid panic and establish trust [24]. Other scholars suggest that fear in public is associated with the level of uncertainty. Therefore, the government can manage fear by publishing information to reduce the perceived uncertainty among the people [25, 26].

These arguments are based on the same ground acknowledging the need to communicate information to control the public's attitude and behavior. And the level of information disclosure is relevant to the narration fear. Yet, although fear is a useful weapon, in real-life scenarios, local government does not control all means of diffusion. Social media, text messages, group chat, and offline interaction are all parts of the information transmission process with complex information sources and content. Therefore, a static view in understanding the negotiation of fear may simplify the nature of crisis communication at the early stages of Covid-19. Rather, it is a dynamic process in which the government needs to adjust the information needed to the situation of the public sphere.

3.2. Means of crisis communication: gaining attention

Other than understanding how the content of crisis communication can impact its effectiveness, the means of communication also impact the final outcome. Many studies identified key channels of communication in early-stages of the Covid-19. Government notices, telecommunication channels like TV, radio, newspapers, social media, and other digitally-mediated or real-life interaction all play a key role in the diffusion of information. Facing the complex information source, how to attract the attention of the audience in the diverse media environment becomes an issue of importance [27].

In the case of Covid-19, especially in its early stage when very limited information is presented not only to average people, but also to scientists and government officials, the difficulty of winning public attention over appalling misinformation spreading online is unprecedented. Under these circumstances, social media brings opportunities for health communication experts to quickly target the general public and spread information to a large population [28, 29]. However, it is equally important to understand that social media is also where most of the misinformation and conspiracy theories about Covid-19, vaccines, and government control come from.

Generally speaking, information consumers tend to believe in information sources that have established trust or at least are familiar to them [30]. During the Covid-19 crisis, as contradictory information spreads online, much empirical research finds that medical professionals have been considered the most reliable source in the social media sphere across different countries and cultures [19]. For example, a survey in Wuhan, China finds that 90% of the citizens consider physicians as the most trusted information source and 88% of them choose nurses [31]. Another study conducted on the Swiss-German population also reports the public has the greatest trust in health professionals and health authorities, although most used information sources do not directly refer to those trusted groups [32]. Therefore, increasing the visibility of health professional's content via social media seems to be the most practical choice.

3.3. Hindrance during crisis communication: misinformation

“The drastic increase in the rapidity of spreading and the incredible overload of information” have been the two key characteristics of our current society [33]. As previously stated, social media has become one of the most important and influential means of communication during the Covid-19. While it offers a public space for health professionals, government officials, influencers, and regular users to share and distribute information, it still constitutes the perfect place for fake news, misinformation, and information mismatch to grow. WHO [34] raises concerns about the risk of information and the community’s ability to be involved in public discussion during Covid-19.

This review suggests that the misinformation is the consequence of two factors: the inconsistency of information presented during the development of Covid-19 and the low health literacy among the general public.

For the first factor, it is important to first establish that trust in crisis communication is relevant to the level of transparency, timeliness, empathy and clarity applied during the information-sharing process [35]. In the early stages of Covid-19, the global government applied different forms of crisis management strategies, which presented a contradictory view for global citizens. For example, given the spreading cases in Italy, it did not implement a lockdown until March 8, 2020. The Italian government was criticized for being late in reaction and thus causing more deaths than other European countries during and after the lockdown [36]. Compared with other country’s methods applied during the same time, this kind of inconsistency leads to increasing distrust in the local government.

Moreover, the inconsistency between the previous and present policy can sometimes constitute misinformation and lead to confusion among the public. According to Cowper [37], in the early stages of Covid-19, the Chinese government tried to use an authoritarian approach to underplay the effect of a new virus, which later proved to be wrong and could damage the public trust in the authority. In the long run, the previously existing inconsistency can create a similar effect as misinformation.

For the second factor, health literacy can affect a large population across the globe and lead to the direct spread of misinformation online. Health literacy refers to the abilities that individuals in society can use to obtain and evaluate health information and enable them to make health decisions [38]. Yet, after the outbreak of Covid-19, evidence suggests that the global health literacy level remains to be very low, making the public unable to differentiate the correct information from the misinformation and rumours online. A study on 112 million Covid-19 posts online points out that more than 40% of the user-generated posts contain unreliable sources [39]. Another survey finds that 67.78% of people have been exposed to misinformation online on the topic of Covid-19 [40]. These evidences further suggest the urgent need to call for professional participation on social media to expand the diffusion of accurate information and to improve public health literacy.

4. Conclusion

This paper critically examined the theoretical foundation of crisis management and crisis communication. Then, building on the relevant theory, it further discusses how crisis communication is applied in the context of Covid-19. The following section presents from three distinct angles—the content, the channels, and the key difficulties in crisis communication during the early stages of Covid-19 outbreak.

This paper suggests that fear is one of the most effective tools in managing crisis and regulating public behaviour, yet excessive fear may lead to irrational collective behaviours. In this sense, maintaining a dynamic angle in negotiating fear in public is essential in crisis communication. Furthermore, as social media gaining importance in the transmission of health information, misinformation is attracting attention with valuable facts online. The increasing need to manage

attention and build trust, as well as improve health literacy for the public seems to be the most effective solution for stopping misinformation.

The review of crisis communication methods applied in the early stages of Covid-19 can provide insights for future studies on fear communication and studies of misinformation. From an empirical perspective, this research calls for attention to improving medical professionals' representativeness online, especially during crisis, to quickly establish trust and regulate public behaviour.

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